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THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMEOPATHY

SEPTEMBER, 1918 Vol. XI No. 3

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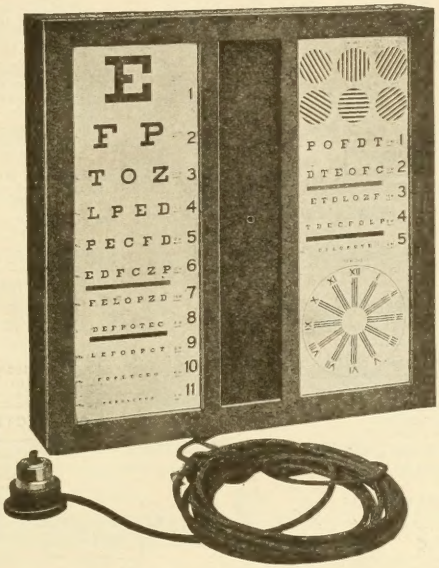

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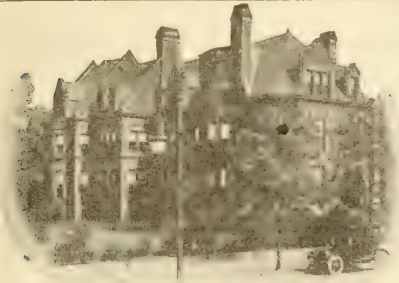

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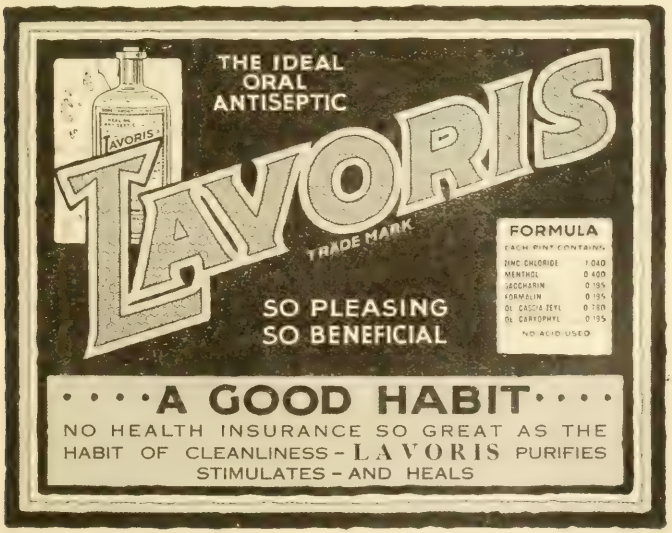

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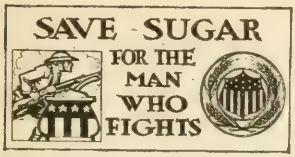

THE JOURNAL FOR SEPTEMBER

The JOURNAL this month is threefold in its presentation: special war features, the usual budget of papers and communications and the minutes of the business session at Detroit.

The response to the War Activities Fund has been gratifying. The communications from the Medical Department, C. of N. D., should be read attentively.

Major J. MacDonald, Jr., Secretary of the American Medical Editors' Association, has inaugurated and maintained during the past year a vigorous editorial campaign in behalf of medical journalism as an adjunct to military service. This work has been endorsed by Surgeon General Gorgas. Such editorials sanctioned by the Surgeon General's office are identified in this JOURNAL by the initials. "M. E. A.", Medical Editors' Association.

The original papers present a wide scope. Dr. Askenstedt writes as a critical student of Homeopathy. Dr. Hinsdale makes a contribution from the Materia Medica Laboratory at Columbus.

Dean Cobb and Dean Pearson write from profound conviction in medical training. Dr. Critchlow writes from a wide experience in several hospitals. Dr. Wilcox contributes a valuable reflective judgment on teaching methods. Dr. Humphrey takes the obstetrical student to fundamentals. Dr. Stevens retorts to the surgeon with some of the sharp criticisms that surgeons are wont to use on internists. Dr. Beeman contributes a pediatric paper and Dr. Harkness gives a suggestive paper on glandular possibilities.

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Vol. XI SEPTEMBER, 1918 No. 3

EDITORIAL

Enrollment of Physicians, M. R. C. and V. M. S. C. Volunteers for the Medical Reserve Corps are not included in the suspension order relative to Officers' Training Camp. This is definitely announced elsewhere in a communication from Major Franklin Martin, Chairman of the General Medical Board, Council of National Defense. The official statement over the signature of Secretary of War Baker and Secretary of Navy Daniels is as follows: "Orders issued by the War and Navy Departments on August 8th suspending further volunteering and the receipt of candidates for officers' training camps from civil life do not apply to the enrollment of physicians in the Medical Reserve Corps of the Army and the Reserve Force of the Navy. It is the desire of both departments that the enrollment of physicians should continue as actively as before so that the needs of both services may be effectively met."

Every licensed physician is eligible to enrollment in one or the other service. There has been some misunderstanding,

some apprehension lest enlistment in the Reserve Corps deplete unreasonably such industrial communities as lumber camps, mining centers and large manufacturing plants. This fear is the occasion of a communication from the U. S. Fuel Administration (published in the department of Correspondence). One definite purpose of the Volunteer Medical Service Corps is to supervise just such peril and maintain an adequate home force for industrial necessities. The War Department has no intention of depriving the industries at home—so essential to supplying munitions, food and clothing to the soldiers—of the necessary medical attention.

The Volunteer Medical Service Corps is a classification of all licensed physicians not mobilized in the Military and Reserve Corps, so that their services may be utilized where most needed. Membership in this corps is official recognition of the willingness of physician to serve the Government. It is estimated that 60 per cent of the physicians of the country will be utilized at home. The age limit in the Medical Reserve Corps works a real hardship upon many who have not lost the youth of endeavor and enthusiasm. Admiral Stitts' comment on "flexibility of temperament, compare 32 and 40" is small consolation to those who would like nothing better than to be in the front in medical activity, despite more years than forty. Raising the draft age will solve the problem of many physicians who find it difficult to adjust financial and patriotic conflicts.

Dr. Sawyer, Chairman of the Executive Committee of the Institute and also Secretary of the Volunteer Service Corps, gives to the readers of the JOURNAL a plain, emphatic statement of the reorganization of the V. M. S. C. and the relation of every physician to his National organization. *S. M. H.*

The Matured Plan of the V. M. S. C. The reorganized Volunteer Medical Service Corps as set forth in the official announcement from the Council of National Defense, Medical Board, and published in the *Official Bulletin* demonstrates at once

how greatly increased has become its field as related to medicine generally. These communications are reprinted in the Department of Organization and give a very definite idea of just what is going on in the medical profession at large, and of the relative importance to the American Institute of Homeopathy.

Up to the present time there have been, aside from the regular Army and Navy service, two classes of doctors, those in the Volunteer Medical Service Corps and those in the Medical Reserve Corps. From this time on, all doctors will be expected to pass through the Volunteer Medical Service Corps and from that selected for such service as may be needed in the Army or in civil life. This is as it should be, because it brings about a consideration and co-operation between the various departments, military and civil, which places a safeguard upon the interests of all.

I would call your attention to the character of the officers composing the Governing Board of the Volunteer Medical Service Corps. Among these twenty-five men you will see are some of the greatest and most influential men in the country. Men, too, to whom we can well trust our interests and our welfare.

From now on, men will be called for such service as they are especially adapted to give to the various departments, in accordance with what the department needs, such departments always considering what relation the withdrawal of men will have to their immediate vicinity. The Army will not take for military service a man who is absolutely necessary to care for civilian needs. Civilians are to be protected in such a way as to provide them with as good service as is possible after Army and Navy vacancies have been filled. The communications referred to will present details in which all are interested. *C. E. S.*

Recognition of the American Institute of Homeopathy as a National Association. The American Institute of Homeopathy is now definitely recognized as a valuable working organization. I would remind you that one of the great difficulties we have had in helping to build up this great organization, the Volunteer Medical Service Corps of the United States, has been

the fact that so many of our men are not members of the American Institute, and it requires the credentials provided by the Institute to place competent men in positions of responsibility on various committees which have to do with the working out of great things in medicine.

To illustrate. When the opportunity came to select a man in each state as a member of the Executive Committee of the Volunteer Medical Service Corps, I found difficulty in finding men who answered the requirements. Some were over the age limit of 55. Others were not members of the American Institute. I wish the doctors of the country realized exactly what it means to be a part of their National organization.

To men unaccustomed to the way in which the requirements of the service are met, it may not mean much to be recorded as a member of the Institute. If they knew how men are selected and how much the National organization recommendation counts, they would realize that it is vastly important that all men and women of the Homeopathic Fraternity should be members of the American Institute of Homeopathy.

The day has passed when an individual can get along alone. He must be a member of some organization that has force, that has prestige, that has established precedents. Put this into *italics* in your memory: *The members of the Homeopathic Fraternity who wish to do things of an extraordinary kind or who wish to give the best service they possibly can to the Army, or to the Navy or to the Public Health Service, as the first step in their procedure, should verify the fact that they are members of the American Institute of Homeopathy.*

There is never a day in Washington but that questions are asked of men for service. Who are they? Where do they come from? What experience have they had? What recommendations do they bring? When we can answer that they are reputable surgeons or medical men of practical experience, with years of acquaintance with the subject, capable of doing what they aspire to do, we are finally asked, Are they members of their State and National organizations? Answers to these questions should ac-

company every man's application for any position to which he aspires.

Homeopathy has finally won this recognition. We now have an active member on the General Governing Board of the Volunteer Medical Service Corps of the United States. This organization I regard as the strongest, biggest, most influential organization of medical men the country affords. We also have a member on each State Executive Committee, which has charge of the local affairs of the Volunteer Corps, positions which are highly important and vastly influential in promoting the interests of our profession. We have also throughout the United States many county representatives in the Volunteer Service Corps who are to be called upon to take active part in carrying out the reorganization of this Corps.

We are not only recognized at National headquarters, but we are also known as definite parts of a great organization trhough out the country. We have been treated with the highest regard by the Army, by the Navy, by the Public Health Service, by the Council of National Defense and by Gen. Crowder's office. Our men have received promotions in reasonable proportion. Of 60 men examined in Detroit, at least 25 have attained rank not less than captaincies. We have at least 5 lieutenant-colonels, 35 majors, 149 captains. We have twelve or thirteen hundred men already in the service with excellent reports of their efficiency. We are recognized at the Capitol, in the Surgeon General's office as being responsible, capable and desirable doctors and surgeons and are being accepted for service and being promoted whenever and wherever opportunity or need presents. All of this gives you an understanding of what is actually going on and how genuine is the recognition extended to all who qualify.

We now have four members on the Medical Board of the National Council of Defense. We have one active member in the Executive Committee of the Volunteer Medical Service Corps, and Secretary of that organization. We are told that we are to have within a few days a man of our school stationed regularly in the office of the Surgeon General. These facts in contrast with conditions as they existed at the beginning of the war are

sufficient to encourage us in the belief that Homeopathy is coming into its own in recognition. It now remains for us to demonstrate that we are worthy the confidence given us and that we shall qualify under all circumstances and conditions. *C. F. S.*

Medical Women as Contract Surgeons. Approximately one hundred medical women have been placed already, either in war work overseas under the Red Cross, or in public or civil health service at home. Dr. Emma Wheat Gillmore, chairman of the Committee of Women Physicians, Council of National Defense, by direction of Dr. Franklin Martin, has issued a request for medical women under forty-five to volunteer on a waiting list to serve as contract surgeons, caring for the health of women employed by the War Department at Washington. (Page 279.) The hours are 9 to 5, the salary $150.00 a month, with the official announcement that "living in Washington can be decently covered for from $100 to $125 a month."

This is an an opportunity for medical women to make a record in industrial medical service. Repeatedly we have emphasized the opportunity for women in medicine. It is not always smooth sailing. Nothing worth while is. The young woman in choosing a vocation which leads her into the presence of the sick and the poor should sharply discriminate whether her ability and characteristics fit her for nursing—a basis of physiological knowledge, and infinite capacity for obeying orders—or medical practice which demands a greater degree of initiative and responsibility, or social work, with a pronounced economic and philanthropic background. It is a thing worth thinking over. *S. M. H.*

Twenty-five Thousand Nurses. The physician has an undoubted opportunity and responsibility to help recruit 25,000 nurses to follow the soldiers as close to the fighting lines as the War Department will permit. Technical difficulties in training will be met promptly, in order to fully equip the hospitals whose business it is not only to care for the

wounded fresh from the battlefield, but also to meet the less glorious but equally important work in the reconstruction hospitals. The successful nurse in these institutions will combine in rare measure the teacher and nurse. This will open a great opportunity for the college-trained woman with pedagogic qualities as well as a passion for personal service.

Necessity Knows No Law. The rapidly increasing fighting forces of the United States Army, so familiar to every doctor who reads the lay papers, must impress him with the fact that the Medical Reserve Corps must keep pace in the way of expansion.

With every thousand men in the fighting forces, there must be ten medical officers, so it is a matter of simple calculation to figure the requirements of the Surgeon General's Office in the number of medical officers that must be at the command of the Surgeon General when required.

With three million men in the United States Army by the end of August, this means 30,000 doctors, and there are now less than 20,000 on the active list of the Medical Reserve Corps. In addition to the number required for immediate assignment with troops, a large Reserve Corps should be at the command of the Surgeon General so that when the necessary number is required, they will be at his disposal.

The doctor is the most favored of all professional men in the matter of his assignment. The lawyer, as an example, when drafted or when he voluntarily offers his service and is assigned to duty, draws $30.00 a month pay. The lowest pay accorded a medical officer is $2,000.00 a year with additional pay for commutation of quarters for dependents.

It is the belief of the Surgeon General that a sufficient number of physicians will voluntarily come forward and offer their services as medical officers and we therefore must do our duty not only to our country, but to those who are so admirably conducting this war in which we are now engaged.

A large and well trained Medical Corps is absolutely essen-

tial, as 80 per cent of the casualties are returned to the line through its ministration, and it must not be a matter of history that a sufficient number of medical officers have not volunteered their services to properly care for the mobile forces, attend the wounded and sick in hospitals and to supply the Surgeon General, whatever the demands might be.

Five thousand physicians a month for an indefinite period is the requirement and those doctors who are of the opinion that other physicians in their immediate neighborhood are better qualified or have less responsibility than themselves, should, in view of the crisis now facing us, subjugate their individual opinion and apply to their nearest Examining Board for a commission in the Medical Reserve Corps.

A Medical Reserve Corps should be what its name implies, a corps of reserve physicians upon which the Surgeon General may call, and this country today should have a Reserve Corps of not less than 50,000 doctors and every physician who is eligible should offer his services to this organization.

M. E. A.

Medical Education. President Lee's letter to presidents and secretaries of state societies merits the careful attention of every reader of the JOURNAL. Before you end your day's work comply with this practical suggestion for recruiting young men and young women for medical practice. This must begin with the high school or earlier. After October 15th, the Department of Registration and Education of Illinois will recognize no medical college as in "good standing" unless it requires for admission two years of work in an approved college of liberal arts or a fully equivalent education. The phrase "fully equivalent education" provides adequately for the exceptional and the mature applicant.

Medical educators and executives will be interested to read in this issue the report of Chairman George Royal, of the Council on Medical Education; also that of Dean Joseph P. Cobb from the College Alliance and the prospectus, "A Ra-

tional Solution of the Problem of Medical Education and Licensure," by Dean Sutherland.

Woe to the human mind which is not flexible to daily varying needs of war time. At the June Conference of Deans that association went on record, 53 to 7: "The sense of this conference is that the speeding-up program is not desirable at this present time." Nevertheless, after the conference of the Advisory Committee with the Standing Committee on Medical Education, of the Medical Department of the Army, all medical colleges adequately equipped proceeded to institute summer courses for junior and senior students.

The Advisory Committee was chosen to represent the medical schools in co-operation with the Medical Department of the Army, and names Wilbur of Leland Stanford, Means of the Association of American Medical Colleges, Lambert of Columbia, Williams of Johns Hopkins, Hough of Virginia, Baldy of Pennsylvania, Colwell of the American Medical Association, Pearson of the American Institute of Homeopathy and Scudder of the National Eclectic.

The recommendations of the conference of these committees are published elsewhere in synopsis, as well as brief comment from papers given at that conference. President Wilbur's pronouncement, "The trained brain will win the war," Dean Lambert's practical suggestion of "a reasonable living stipend" to medical students, Dr. Ewing's recital of practical hospital summer work are prophetic of the maintenance of high standards, the possibility of meeting the financial problem and a practical plan of combining courses of study with hospital training at a minimum expenditure of time.

Intensive Propagandistic Work. If every delegate to the Congress of States would go home from the Institute with the same enthusiasm which was shown in the state of Colorado, there would be rapid recruiting of members of the Institute.

Dr Carl Fisher, delegate from the Colorado Homeopathic Society, carried home from the exhibitors a bunch of Mellin's

Memorandum Books and Blakiston's French Medical Vocabulary and Phrase Book. He sent these out to the homeopathic physicians of Colorado with the following message:

"I am enclosing two souvenirs of the recent meeting of the American Institute of Homeopathy, held in Detroit. Among the many articles available for distribution to the members of the Colorado State Homeopathic Society, as well as to those who are friends but not members of the Society, I felt that the memorandum book would serve a useful purpose (new fillers may be had at any time), and that the Vocabulary and Phrase-Book would be instructive.

"I want to report that the Institute meeting was a great success, every session being largely and enthusiastically attended."

Then, following brief notes on the Institute itself, he concluded:

"If you do not receive the JOURNAL, and are not a member of the A. I. H., you should be, for you need the Institute's help, and it needs you."

We commend this kind of enthusiasm and intiative to all of our membership.

Pharmaceutical Corps in the Army. The National Pharmaceutical Service Association, E. Fullerton Cook of Philadelphia, Secretary, is behind the Edmond bill, H. R. 5531, "to provide a Pharmaceutical Corps in the Medical Department of the U. S. Army." Many of the arguments set forth by Beringer, Hilton, England and Taylor are sound, based on dangerous methods of dispensing and compounding drugs. The resolution at Detroit on "Drug Supply," asking for a supply of homeopathic remedies in the Army, has a like basis of good sense.

We are of the opinion that the pharmacist in the Army should rank with the bacteriologist and other laboratory men. He is essentially chemist and analyst. His preliminary technical training as such should be the same as the premedical training of the medical student, and he should be a member of the Medical Corps.

ENROLLMENT OF PHYSICIANS

Council of National Defense, Medical Section

Washington, August 12, 1918.

From: Dr. Franklin Martin, Chairman,
General Medical Board, Council of National Defense.

To: The Editor.

Subject: Enrollment of Physicians.

1. On August 8th the following statement was authorized by the War Department, signed by Newton D. Baker, Secretary of War:

"The War Department today has suspended further volunteering and the receipt of candidates for offices' training camps from civil life. This suspension will remain in force until the legislation now pending before the Congress with regard to draft ages is disposed of and suitable regulations drawn up to cover the operation of the selective system under the new law. . . ."

Fearing that this order might be misinterpreted by doctors who would not distinguish between enlistment as a private soldier and enrollment as an officer in the Medical Reserve Corps, on August 9th I asked the Secretary of War to issue a statement making clear this point.

2. In response to this request on August 10th the following statement was authorized by the War and Navy Departments:

"Orders issued by the War and Navy Departments on August 8th suspending further volunteering and the receipt of candidates for officers' training camps from civil life do not apply to the enrollment of physicians in the Medical Reserve Corps of the Army and the Reserve Force of the Navy. It is the desire of both departments that the enrollment of physicians should continue as actively as before so that the needs of both services may be effectively met.

(Signed) Josephus Daniels, Secretary of the Navy. (Signed) Newton D. Baker, Secretary of War."

3. It is desirable that the definite attention of the medical profession be called to this interpretation in order that enrollment for the Medical Reserve Corps of the Army and the Reserve Force of the Navy which is going on so rapidly at the present time shall not be interrupted. Trusting that you will give this prominent space in the next issue of your JOURNAL and such editorial comment as you may deem desirable, I am,

Yours very truly,

Franklin Martin,
Chairman, General Medical Board.

AN OPEN LETTER TO THE PRESIDENTS AND SECRETARIES OF OUR STATE AND COUNTY SOCIETIES

The soldiers in the field, the cantonments, and those to be provided by the new draft may swell the Medical Reserve Corps to 80,000 or 90,000 doctors, and the prospect for recruits from our schools to take their places is not encouraging; for our colleges, and all colleges for that matter, are poorly supplied with students. It is the duty of the president and secretary of every State Society and every County Society and others in the Nation to glean from the high schools and colleges a sufficient number of students to fill our schools.

We have but 80,000 physicians physically qualified for military service. Europe is almost entirely denuded of physicians. They have an inadequate supply for the civilian population of England, France, Belgium, Ireland, Italy and other countries. They are appealing to us almost daily for medical aid. We have been sending over there both men and women physicians to care for the sadly neglected people. In order that we may supply our own requirements, to say nothing of our European brothers, it becomes necessary for us at this time to put on foot plans to replenish the medical needs of our country.

Before you leave your desk it is imperative that you copy this letter or write a similar one and send it to the young people of your acquaintance and to the classes of your high schools and colleges.

[FORM OF LETTER]

You must soon make one of the most important decisions of your life. You must answer thoughtfully and conscientiously the question which comes to all students, "WHAT SHALL BE MY LIFE WORK?" Don't go through a college course aimlessly, expecting chance to place opportunities in your path. Decide right now what you desire most to do, and choose a course of study that will specifically train you for your future work.

DON'T WASTE!

A smattering of this and that branch of study will weaken and not train your intellect. The most successful men are those who have aimed at something definite.

HAVE YOU CONSIDERED MEDICINE AS A PROFESSION?

If so, this is the time to choose a course of study that will specifically train you for a physician. Your Country needs physicians so badly that she is offering many inducements to those qualified for this work. The Government makes this need for doctors apparent

when it gives those who enter upon the pre-medical as well as medical courses exemption from the draft.

Do you realize that more than twenty thousand physicians are already in war service and that twenty-five thousand more are called and that as many more may be needed to care for the soldiers included in the new draft? Do you realize what a drain this will be on a supply of only eighty thousand physicians capable of doing active work? Who will take their place in city, town and village?

WE MUST HAVE BOTH MEN AND WOMEN PHYSICIANS

If you feel that you want to be a physician and do something patriotic, start your course immediately. Choose a course that will fit in with the study of medicine and eliminate waste of time and energy.

We shall be glad to give you assistance in choosing studies which will prove useful in your pre-medical and medical courses. If you wish to talk it over, make an appointment with us within the next few days, or, if more convenient, write.

Yours sincerely,

[Signed]

Ask them to call upon you, that you may direct them into your favorite medical school, and do your full patriotic duty to see that the needs of the profession and especially of the people are safeguarded. In proportion as you do this, will you discharge your obligation to your community, your college and your country. This is just as patriotic, just as important as it is for you to go to the front, and unless you discharge this and kindred duties to the best of your ability, how will you square your action and your service with that of your sons, your daughters and your associates who have left all behind that they might serve their country at this, its most critical period.

Let us arouse ourselves, and attend to this duty at once.

American Institute of Homeopathy,
John M. Lee., M. D., President.

WIN THE WAR

Personal Service, Liberty Bonds, War Savings Stamps, Conservation of Food and Fuel, Adequate Munitions and Unfailing Grit will win the war.

HOMEOPATHY'S GREATEST ASSET*

By Fritz C. Askenstedt, M. D., Louisville, Ky.

The wonderful stride homeopathy has made in a material sense, as brought out by the Committee on Propagandism, has been highly gratifying, and to some of us quite surprising. The many millions of dollars invested in college and hospital buildings in almost all parts of the world bear witness to the general confidence and patronage gained by our school. Of this asset we are justly proud.

Aside from this material value, our colleges as educative factors constitute an even greater asset for homeopathy. To compensate for the loss through death in the ranks of the homeopathic profession and to go beyond this to effect an actual increase in the number of homeopathic practitioners, our colleges are simply indispensable.

Our numerous medical societies, with their official journals, vigilant, fearless and active, constitute an asset that legislature and government have been compelled to reckon with, and that has secured for homeopathy a certain degree of official recognition.

But useful as are all these various assets, their actual value, whether estimated individually or collectively, is entirely dependent upon the validity and practical application of the therapeutic principle which they represent. The applicability of this principle or art of homeopathy, is centered in our materia medica, which obviously becomes homeopathy's greatest asset, for it is with the materia medica that all the other assets must ultimately stand or fall. Our greatest concern should be to make sure that at this fundamental point homeopathy stands firmly grounded upon solid rock. The fact that homeopathy has successfully withstood the storms of the past and is now enjoying perhaps an unprecedented prosperity is no guarantee that all will be well for the future. Never before was there manifested a greater spirit of restlessness, discontent and doubt, in science, politics and religion, than today. Never before was authority questioned with as much cynicism, nor tradition assailed with less mercy, and, we must confess, never before have science and art made progress more rapidly. To rest, under these conditions, in fancied security,

*Bureaus of Clinical Research and Homeopathy, A. I. H., Detroit, June, 1918.

obstinately or resentfully refusing every investigation, is simply to invite disaster.

Limitations of the mind render human authorities imperfect. Our only reliable authorities in science are facts. Actual facts, not artefacts; facts recognized from every angle of perspective. On such only must the superstructure of homeopathy be built. This requires investigation and reinvestigation from a thousand angles. There can be nothing repellent about this to a man of science, and nothing destructive to a scientific homeopathy.

It is well known that in the early days of homeopathy the great need of a composite materia medica induced its pioneers to institute as many drug provings as they were able, and every symptom reported was eagerly appropriated without questioning as to its validity. At least such questioning must have been very exceptional. More recent experimentation with drug provings have taught us that control tests carried out with alcohol or sac lac very frequently result in a collection of symptoms produced either accidentally or by the mere imagination of the provers, and the logical inference is made that the old time method of drug proving was liable to errors. Moreover, to fill in needed gaps in materia medica symptomatology, an enormously large number of clinical symptoms—i. e., symptoms that have disappeared under the administration of a remedy—have been inserted. This is empiricism, pure and simple, and for scientific reasons should find no room in a homeopathic materia medica, unless left in a class to themselves. We admit empiricism has its uses aside from homeopathy, but the disappearance of a symptom is not necessarily proof of the homeopathicity of the remedy administered, and whatever objections can be raised to the use of specifics for disease entities apply with added force to the treatment of isolated symptoms.

A departure from the old time method of materia medica compilation has therefore become a necessity, and a scientific revision, though necessarily modest in its beginning, must prevail over traditional ideas, if actual progress is to be made. A spirit of progress, tempered by conservatism, is a prerequisite of scientific advance. Conservatism, on the one hand, should restrain us from rejecting a single recorded proving that might be of future value; and, on the other, it should lead us to acknowledge no provings or symptoms of provings that fail of satisfactory evidence. This implies categorically a potential materia medica, or materia medica repository, embracing all recorded provings awaiting

future verification and research; and an actual materia medica, a product of scientific investigation and construction.

This idea is not new. After a well-planned endeavor of several years' duration so to revise the homeopathic materia medica as to comply with the requirements of science, the Medical Investigation Club of Baltimore presented to the profession the results of their labor in the form of a text-book, "A Pathogenetic Materia Medica," which was issued in 1895. Only such drugs were included as had been submitted to at least ten provings, and no symptom was admitted that failed of verification by another prover. It should be added that provings with high potencies were excluded, as were also those of unknown quantities of drug substance. A more liberal policy would hardly be consistent with the demands of science. The following remark in the chapter of introduction is significant: "Upon putting this rule to the test it was surprising how large a number of symptoms were left in the original proving-records awaiting future verification." The size of the book proved indeed a disappointment to the profession, both because of the small number of drugs recorded and the comparatively meager symptomatology that stood the test, but a small beginning should not be discouraging if it leads into the right path.

In marked contrast to the paucity of symptoms so manifest in the Pathogenetic Materia Medica of the Investigation Club, is the no less excellent work reported by the O. O. & L. Society, under the direction of Dr. H. P. Bellows, recording the results of 53 original provings of belladonna. Although unreliable provers were eliminated by the placebo method of test control, a really bewildering array of symptoms is presented in this work, which embraces all the symptoms produced, the largest proportion of which failed of verification. This work was intended as a repository of symptoms rather than a manual for quick prescribing, and for thoroughness of detail and classification exceeds all previous efforts. The enormous number of symptoms it presents serves well to illustrate the necessity of observing, when prescribing, the relative value of symptoms, which is clearly set forth in the entire work. The following statement found in the Introduction of the book is directly to the point:

"We have learned in our previous provings that there are many symptoms which are idiosyncrasies of individual provers. These we are able to exclude in the method which has governed this proving. But we have learned, as the result of this method,

to appreciate, as never before, the fact that there are many symptoms which, as opposed to idiosyncrasies, are experienced by all people who are sick, whether from drug action or from any other cause. These are, many of them, trivial, but they are of many different sorts, and in a proving like this all are recorded. No matter what the drug which is proven, if so thorough a method is followed, this same multitude of minor symptoms will appear. Their value is so small that in critical study and in practical prescribing they may virtually be disregarded." This is in accord with a remark made in the introduction of the "Pathogenetic Materia Medica," to the effect that symptoms indicative of local gastric and bowel disturbance, reflex head symptoms, and a few others of like nature occur "with disheartening persistence in nearly every drug." It is this mass of insignificant symptoms that has done more than anything else to discourage the inexperienced in the use of homeopathic remedies, for the first impression is, as some one has expressed it, that "you can saddle any remedy in the materia medica onto any disease or condition you ever meet." And it is the inexperienced that is in most need of the guidance of the materia medica text-book. Our only recourse is to abandon an indiscriminate symptomatology for a more rational procedure. By a process of analysis and synthesis of the repository of drugs, as advocated by the Investigation Club, a practical and more reliable textbook on materia medica may be constructed, which by eliminating a host of valueless symptoms will preserve only the practically useful features of the remedies. Just what these useful features are is still a matter of debate, to be decided ultimately by future research. Ever since the time of Hahnemann therapeutic keynotes or drug characteristics have been held, above all other symptoms, as valuable guides to the indicated remedy. Such peculiar or characteristic symptoms must be dependent upon a marked affinity of the individual drug for specialized tissues. This fact, it seems to the writer, has not been sufficiently considered. It is well-known that the action of a remedy invades one tissue after another according to the size of the dose. For example, "a poison which acts in small doses on the medulla oblongata only, may, when exhibited in larger quantities, involve the spinal cord and the brain, and in still greater concentration may affect the heart and other organs." The inference seems inevitable that by the administration of remedies in the usually small homeopathic dose, the direct therapeutic action is limited to the tissues for which the remedy has inherent-

ly a special affinity. When administering a drug in toxic doses there becomes involved a large mass of structures which would be unaffected by the same remedy if administered in minute doses; and a great majority of symptoms observed in cases of poisoning or far advanced provings must therefore be of questionable value. Since almost any drug when given in suitable doses can be made to act as a stimulant or as a depressant upon the heart action, or most of the other functions of the body, very little can be gained for homeopathic therapeutics from laboratory experimentations upon animals, aside from a study of the deeper drug effect upon the tissues of greatest affinity. True, this affinity is not always well specialized, especially in the action of the so-called polychrest drugs, and the order of sequence of drug effects is largely dependent upon the susceptibilities of the individual prover, nevertheless many drugs show an astonishing power of differentiation of even closely similar tissues. For example, aconitine acts predominantly on the vagus center; nicotine, conine, gelseminine, upon the ganglionic cells around which the fibers of the vagus nerve arborize; while atropine acts upon the nerve endings of these ganglion cells. (Cushny.) The more marked this affinity is, the more restricted is the indication of the remedy, but probably also the more reliable when properly selected. What the writer means by "properly selected" will be seen by contrasting the sequence of action of cantharis and belladonna. It is here assumed that cantharis, acting on the different tissues in proportion to their relative affinity for the drug, first affects the mucous membrane of the urinary tract, then that of the alimentary tract, and later the nervous system. The sequence of action of belladonna is reversed, first affecting the nervous system, then the mucous membrane of the alimentary tract, and later that of the urinary system. It will be seen that belladonna in the smallest dose will reach therapeutically—i. e., producing a reaction—the tissue of greatest affinity, the nervous system; but if cantharis, with its reverse sequence of action, is to reach the same tissue, it must be administered in doses that are physiological to the alimentary tract and toxic to the urinary system. The reverse proposition is, of course, theoretically equally true. Our knowledge of the sequence of drug action is still too imperfect to warrant drastic measures of exclusion of late, presumably toxic, drug symptoms from our materia medica, but it may now appear evident that every additional drug proving, when subjected to the process of analysis and synthesis, instead of adding embarrassment and

perplexity to our art of prescribing, will tend to render the selection of the homeopathic remedy simpler, more direct and accurate.

To the Investigation Club, to Dr. Bellows and his co-workers, our profession is forever indebted for having conceived and initiated a system of drug proving that promises to establish homeopathy upon a scientific foundation. Shall we be content with this initial effort, smile approvingly, and then turn away? Can we afford to see homeopathy, with its numerous auxiliaries and vast pecuniary resources, go down in humiliation and ultimately fail because we have neglected to vouchsafe its greatest asset, its very life power, while we were busy promoting its externals? What will our colleges, our hospitals, our societies, amount to if our materia medica grows apparently inferior and obsolete? We can better afford to sacrifice an auxiliary than the essential. It is true, more or less scientific drug provings are being made at various institutions, but this work is desultory and inefficient. Dr. Bellows' rational appeal for co-ordinate, effective work remains unheeded for lack of funds, while our school prides itself on its less essential assets worth their many millions! It would seem an act of sound economy to convert one of our heavily endowed colleges into a drug proving institute, for when it becomes recognized that homeopathy is built upon an unquestionably scientific foundation, the question of students will take care of itself.

[Discussion of this paper will be published in the October JOURNAL.]

Install Homeopathic Therapeutics in Every Medical College. The need for homeopathic teaching still exists. There are men and women in great numbers who want to know something more about this great system of medicine. Graduates of the dominant school are easily found who would gladly add a knowledge of homeopathy to their store of learning. A college which would demonstrate in its hospital wards as well as in the lecture rooms the action of homeopathic remedies in all curable cases (and in many incurable cases it furnishes the very best means of palliation), would find many of the other school who "want to be shown," in their classes.—Garrison in *The Jour. of the Southern Homeo. Med. Association.*

SPARTEIN SULPHATE: A PROVING*

By Albert E. Hinsdale, M. D., Columbus, Ohio
Materia Medica Research Laboratory, College of Homeopathic Medicine, Ohio State University

Spartein sulphate is the sulphate of an alkaloid obtained from scoparius, or broom. For many years it has been known that this drug has some kind of an influence upon the heart and it has been prescribed with indifferent results, during periods of popularity, which the remedy has from time to time enjoyed. The indifferent results and the conflicting reports as regards its value are due to a lack of accurate pharmacological data upon which to establish an intelligent therapy. Doubtless it is for this reason also that spartein has never been considered by the majority of the profession as occupying a definite place in the therapeutics of cardiac diseases.

During the past few years the remedy has attracted the attention of investigators and we now have a much better understanding of its action and uses. There is now a more or less general agreement among pharmacologists concerning some of the effects of spartein, yet authoritative experimenters and clinicians hold conflicting views as regards its other effects.

In examining the literature, the writer could find no record of the action of spartein upon the normal human being; it appears as though all studies have been conducted upon lower forms of life. It was thought that experiments upon the human might confirm or reject previous statements about the drug, and at the same time bring out new points in its action, that prompted our proving of the remedy.

Three healthy medical students participated in the proving. Previous physical examinations showed them to be normal in every way; the same persons had a year previous proven crategus and lycopus. The drug used was obtained from Sharp and Dohme and was administered by mouth as follows:

For the first eight days of the proving, a dose of one grain was given at 6:30 a. m., another at 11:30 a. m., and the third dose was taken at 6 p. m. On the last two days the dose was increased to two grains, taken at the same times as before. The following are the effects:

1. The total amount of urine for 24 hours was increased. This was true for each prover. The average 24 hour amount of

*Bureau of Materia Medica, A. I. H., Detroit, June, 1918.

urine passed by all provers, previous to the experiment was 1011 c.c. At the conclusion of the proving this became 1251 c.c. The individual records (condensed) are as follows:

	Prover A.	Prover B.	Prover C.
Average total amount of urine in 24 hrs. passed for 3 days previous to the proving	1083	1150	800
Average total amount of urine in 24 hrs. passed while taking drug (9 days)	1322	1403	1028

The specific gravity was scarcely affected. The drug produced no changes in the urinary excretion aside from influencing its total amount; the increase in volume appeared upon the second day, reaching an amount which was not materially decreased or increased throughout the remainder of the proving.

2. While under the influence of the remedy, the blood pressure of each prover was taken three times a day, one hour after each dose of medicine. The Tycos instrument was used. The effect of spartein sulphate was to cause a lowering of the systolic and diastolic pressures in all provers. The average systolic and diastolic for all provers for three days previous to the experiment were 119 and 82 respectively. At the termination of the proving these average pressures became 108 and 65. The average lowering of the systolic pressure was 11 mm.; of the diastolic pressure 17 mm. In every instance the fall in pressures began the first day that the drug was taken and continued to fall gradually as long as the dose was one grain. Two grain doses produced a correspondingly greater fall. Individual records (condensed) are as follows:

	Prover A.	Prover B.	Prover C.
Average systolic and diastolic pressures for 3 days previous to the proving	116-76	131-90	112-79
Average for all provers, 119-82.			
Average systolic and diastolic pressures during the proving	103-63	115-71	105-63
Average for all provers, 108-65.			

3. During the proving the pulse was counted one hour after each dose. The normal pulse rates for the provers were obtained by averaging the morning and evening pulse rates, taken for three days, before giving the drug. A comparison with the normal, of the average pulse rate of each prover as it was daily influenced by the drug, showed that the rate was reduced in each prover. In two instances the slowing appeared upon the first day and continued until the drug was discontinued. One prover did

not experience a reduction until the last two days, i. e., until the dose had reached two grains. The individual records (condensed) are as follows:

	Prover A.	Prover B.	Prover C.
Normal pulse rate	74	74	71
Pulse rate during the proving:			
1st day	63	81	64
2nd day	69	75	64
3rd day	73	79	61
4th day	72	80	68
5th day	67	79	63
6th day	71	81	62
7th day	70	79	65
8th day	62	69	60
9th day	62	69	58

Upon the last day of the proving the average reduction in the frequency of the pulse rate was ten.

No symptoms of any kind, aside from those just reported, were elicited in our tests with spartein upon the provers.

Sphygmographic pulse tracings were taken several times a day for each prover during the proving. The Dudgeon instrument was used and the tracings were examined by Dr. O. M. Cope, of the physiological laboratory of the University of Michigan. Dr. Cope gives, as he states, "an entirely unprejudicial report as I know nothing of either the patients or the drug used." His analysis reveals that the sphygmograms showed in general a condition of lowered blood pressure. This was quite marked in two of the provers; the first prover did not show this because of a faulty adjustment of the instrument as was later discovered. He classifies the pulse as "full," even a "bounding pulse."

The frog's heart is affected by spartein. In a large series of experiments a slowing in the heart rate was manifested in every instance. The slowing is about evenly distributed over diastole and systole, but the greater reduction is seen in the former. In some instances this diastolic slowing was very marked. Occasionally a stimulation was produced but the opposite effect was more frequently the case. These results were obtained by applying, each in a different experiment, various strengths of the drug made up in 0.7% saline, viz: 1 grain in 5 c.c. saline; ½ grain in 5 c.c. saline and 2 grains in 5 c.c. saline. One drop was applied directly to the exposed heart every 5 seconds.

By use of Cushny's turtle's heart myocardiograph the influence of spartein upon the heart of turtles was recorded. A slowing in the rate occurred in every experiment; no stimula-

tion was produced but an increased tonus was a constant effect. The greatest effect was produced by applying one drop every five seconds of a solution composed of 1 grain of spartein sulphate in 2.5 c.c. of saline. When the solution was as dilute as 1 grain to 2 ozs. of solvent no effect was produced. Since the slowing occurs after section of the vagi, but not after nicotine, it must be due to stimulation of the vagus ganglia.

If a strip of isolated turtle's ventricle, properly mounted and connected to a recording apparatus, is allowed to contract in a solution composed of ½ grain of spartein dissolved in 4 ozs. of 0.7% saline, a slowing in the rhythm is produced. This occurs in what corresponds to the diastolic pause.

The blood pressure of the dog is lowered by spartein. For example, a typical experiment is as follows: A 19 lb. dog is arranged as usual for recording blood pressure by means of a mercury monometer connected to the carotid artery. A comparison of the normal with the changes produced by administering intravenously 4 grains of spartein dissolved in 10 c.c. saline, showed that the blood pressure is, on the average, reduced 26 mms. Immediately following the injection, and persisting for a minute or two, variations in the pressure occur; but there is a noticeable depression in the pressure (26 mms.) which then appears and remains about constant at this level.

These, and other experiments, lead us to draw the conclusion that spartein sulphate depresses the heart by poisonous action exerted on the myocardium and that this, with the stimulating action of the drug upon the vagus, account for the lowered blood pressure and reduced pulse rate. It is not a cardiac stimulant, at least nothing in our experiments would warrant this conclusion. In fact, the opposite is the effect.

From the findings we have obtained in our experiments we can agree with Sayre who states that the drug has diuretic properties and is useful in dropsy. We can not support his claim that the medicine is laxative. Our findings also agree with the statement of Green who attributes a depressing effect on blood pressure to the remedy. Cushny's statement that spartein sulphate renders the rhythm of the heart slow is in accordance with our results and we agree with Rankin that it slows the pulse, and that it is a cardiac remedy of efficiency. We can not agree with Blair who says that "the supposed influence upon the heart has been disproven" (although he credits scoparin with weak diuretic properties) nor with Cushny's statement that the drug

raises the blood pressure. Rankin's statement that spartein sulphate raises the blood pressure is not in accordance with our findings. The best account of the action of spartein that has come to the writer's attention is that of Pettey who has considerable to say about its action and uses. Our findings agree with practically all that he gives for the drug's action and his therapeutic applications we have verified in so far as opportunities for so doing have presented themselves. We believe Tyrode is incorrect in his statement that spartein paralyzes the vagus.

It is not my intention to dwell upon the therapeutic applications that may be made of this remedy. It is the duty of the experimenter to furnish accurate lists of drug effects from which the clinician may construct its therapy. Like many drugs affecting chiefly the heart it may be used either palliatively or homeopathically. The former use would be as an agent with which to combat arterial hypertension. That it will palliate, safely, arteriosclerosis I can testify from my own experience. Our provings of crategus and lycopus showed that these two drugs lower blood pressure and are also useful in this condition, especially the latter.

The homeopathic employment of spartein would probably be in such conditions as have hypotension as a prominent symptom; the various infections, toxemias, profuse hemorrhage, shock and collapse.

I would especially emphasize the size of the dose. If the drug is to be non-homeopathically used, the minimum dose should be not less than ¼ grain by hypodermic or ½ grain by mouth. Doses as high as 2 grains by the mouth three or four times a day are perfectly safe; only disappointment can come from the use of much smaller doses. The texts and ordinary dose tables invariably give the dose too small to be effective. It is a safe drug and prompt in its action. It exerts a different action from digitalis. Digitalis strengthens the contractions and raises the blood pressure; spartein lowers the blood pressure and weakens the cardiac contractions.

I have made no attempt to give unwarranted prominence to what will always be one of our less frequently used and less important remedies. It is not a cure-all and its general sphere of applicability is such that at the best, only a few conditions can be benefited by its use. It is a remedy used almost exclusively, so far, to produce physiological effects, when it seems desirable that such be secured and without harm to the patient. Its strict homeopathicity to conditions would, of course, be those which

presented symptoms similar to the effects of the drug. This would seem to be a symptom complex of unusual occurrence and of difficult diagnosis. One group of symptoms produced by the remedy suggests that it might be homeopathically indicated in cardiac conditions occurring during the recuperation from acute systemic diseases but with its use in any such conditions I have had no experiences.

Discussion

Dr. George Royal: Dr. Hinsdale's paper, is a further illustration of what I would like to have done by all drug provers. When we have proven any drug upon the human being, as thoroughly as Dr. Hinsdale has upon animals, then we can put the two groups of symptoms together, and we can give a patient that which represents precisely the symptoms that have been produced on both our human beings and our animals. That is what we must do to get a complete proving.

Dr. Blackwood: There is no doubt of the efficacy of this drug in dropsical conditions. There is no doubt regarding the efficacy of it especially in those conditions where you would never think of digitalis, especially in physiological doses.

Spartein is a remedy that I have used extensively for a specific, definite action upon the kidneys that would enable them to eliminate and relieve the distress upon the heart.

Just one other word, that is, in reference to the dose. There was a time when I used 1/10 of a grain, and I was disappointed, and I was a little alarmed, but I gradually crept up in my clinic and in my practice, until now 1 and 2 grs. of a reliable preparation, t. i. d., by mouth and I am seldom ever disappointed, and the patient is always thankful and alive.

MEDICAL STUDENTS: THE ATTITUDE OF THE PROFESSION TO OUR OWN INSTITUTIONS*

By Jos. P. Cobb, M. D., Dean of Hahnemann College, Chicago

The paramount questions of the day are duty and service. These have been pointed out to us in many ways and with a special reference to our own particular form of service. It is only necessary to remind you that the Surgeon General's office has practically taken over the conduct of all medical colleges and is making a complete index of the medical profession, with the expectation of finding the place where each one of us will be of the greatest service. Probably one-half of the profession, under the age of 55, will be demanded for service at the front. The rest will be expected to carry their part in colleges, hospitals, in other institutions and in looking after civilian needs over and above the

*Address to the College Alliance, A. I. H., June, 1918.

care of their own particular clientele,—all of this without any draft.

In this time of need, the service of the individual in the support of our own institutions is just as important and even more important than at any time in the history of homeopathy. As a result of the work, mostly voluntary, which has been done by men and women connected with our institutions, as well as by the work of the individual in his own particular sphere, homeopathy has come to occupy a more prominent place than ever has been accorded to it before.

We have been given a genuine recognition in the world of science. The educated laity appreciates the success which we are obtaining, especially in the practice of internal medicine. Now for the first time we have been given full recognition by the Surgeon General, which means an official recognition by the Government. There are today over 1,200 of our number commissioned in the service of the United States Government. Many of these men have been promoted to important positions, and there is every reason to believe that in accordance with their capacity they will receive the same kind of recognition that is accorded to the members of the dominant school of medicine. While these things make the future look more promising, and give opportunities that we should be quick to grasp, they also bring with them responsibilities and conditions which are perilous if we do not meet them and meet them successfully.

While there never was a time when Homeopathy enjoyed the opportunities that it does at the present time, there also never has been a time when it would be so easy for us to be wiped off the slate if we do not make good.

Next to the service to the Government, our most important duty if we are to make good is to properly support our own institutions. It is easy to beg for hospitals and for other institutions caring for the sick, and for institutions which directly help the municipal and state government. It is not so easy to interest philanthropic individuals in the support of colleges.

As a result particularly of your determination that our colleges should rank with the best, the requirements for matriculation for all of the homeopathic colleges have been increased until they equal those of the strongest universities: the number of students has very materially decreased.

It is evident that many young men look with doubt on the proposition of spending six or seven years, after graduating from

a high school, in continuous study before being able to become self-supporting or of any service to anyone else. The operation of our colleges with the present small classes is not an economical business.

I do not care, however, to discuss to any extent the question of students, because that has been so ably brought to your attention by the previous speaker. I do, however, desire to call your attention to another form of support, to which the colleges are entitled, namely, financial.

We are being educated that the only value of a dollar is what it will bring; that the purchase of Liberty Bonds, subscriptions to the Red Cross, subscriptions to the Y. M. C. A., and to all the other various agencies that are working independently or collectively for the good of all, are opportunities to be welcomed. We are being taught to give and to give easily.

But why neglect your own institutions? Is there any more credit due for buying Liberty Bonds than for supporting your own Alma Mater? Do you owe any more to the Red Cross than you do to the institutions which you have helped to organize, of which you have demanded great things, and of which you are still demanding more and more persistent, patient, painstaking service? Is the medical undergraduate less worthy of your support than the soldier?

This has been brought to your attention time and again: its importance in this hour is paramount: it demands your co-operation: you can not escape it and respect yourself.

Another form of support, which is imperative and which we shall be obliged to demand, is that of teachers in institutions to replace the men who have been called into the service. Our colleges are all located in populous centers, and there is not a single one of the cities where our colleges are located that has not many physicians who have not in any way connected themselves with our institutions, who, when called upon to give up a small part of their time for work in an institution, have replied that they have not the time nor the willingness to undertake the extra work. Some of these men are slackers.

The majority of the instructors in our colleges, as you well know, are volunteers. It is not fair, it is not right, that any large number of men should selfishly refuse to do their part in helping to maintain the institutions upon which the life of our school depends. In addition to the financial support, which every institution is entitled to, from each one of its alumni, every physician

so situated that he can should be willing to give a part of his time, in helping to fill the places of those who have left the service of the institution for the service of the country.

This is a really vital matter. The Government expects us to give up 25% of our teaching staff, and at the same time to maintain the efficiency of the college at as high, or even a higher standard than has been maintained in the past. We are instructed to call upon the older men, and men who have retired, to take the place of the younger men who have been commissioned.

It is my belief that these former teachers and older men will invariably lend their aid when it is possible, and they are not the ones that I have particularly in mind, but rather the men who never have been willing to help: the men who are too busy with their own business to help the institutions.

I regret at times like these that we are only able to talk to the few hundred men who always attend our meetings, and who give of their time and money freely for every cause, but I trust you will all help me in carrying this message back to your homes, and especially those of you who live in cities where our colleges are located, that it is just as much a part of their duty at this time to help in the maintenance of our institutions as it is for others to enter the service of the Government.

No man under 55 years of age has a right to stay at home unless he has arranged to give a part of his time to some institutional work, and no one will appreciate his help more than those of us who, for 10, 15, 20 or 25 years have been connected with our teaching institutions.

In addition to these methods of giving support, namely, financial, procuring of students, enlisting new teachers, I want especially to discuss another and what to me seems a most important kind of support, namely, moral support; moral support from the profession as a whole of our own institutions.

We need money, we need teachers, we need students, but more than all we need the moral backing of the whole profession. If the 9,000 graduates of homeopathy, now practicing medicine in the United States, were all individually earnest boosters for the cause, there would be no dearth of either money, students or teachers. Is it right that the teachers, who have for years given freely of their time and service, should have to continue to work, not only without the enthusiastic support of all the profession but often with the absolute opposition or with lukewarm praise which is more condemnatory than opposition.

Colleges have been lost in Baltimore, in St. Louis, in Louisville, in Kansas City, and in other places, not because they did not have students, not because they did not have teachers, but because they did not have the support of the community and the profession they were trying to serve. I have been informed that we have this year lost another homeopathic school, closed by its board of trustees, because of a small financial cloud. I say small, because $50,000 would be a small amount for 500 energetic alumni to negotiate, if they were really interested.

If we continue with the same kind of apathy and indifference shown in recent years by the profession to our institutions, we shall hear next year of another homeopathic school being closed, and others will follow, and every one that is closed makes it easier for the next one to be closed.

This closure of colleges is indirectly the fault of the general profession, and directly of its own alumni. Indifference and apathy are greater sins than opposition when dealing with educational institutions.

Representatives of your colleges and state societies met in Washington last July in conference with the Surgeon General: in Chicago in February in conference with the Federation of State Licensing and Examining Boards and with the Councils of Education: last week again in Chicago in conference with the Surgeon General. Provision has been made to insure the medical student an opportunity to finish his medical education, and we are now informed that the student, either in the university, college or science school, is to have the same opportunity, after declaring his intention to study medicine. There is every reason, therefore, why you should encourage young men and women at this time to enter the medical profession, and every reason why you should center your efforts on some one of the homeopathic schools.

There is not a single homeopathic institution that is not in good standing before its own state board, who probably know more about it than any other group of men.

The homeopathic colleges have all been recognized by the Federation of State Examining and Licensing Boards, which is composed of representatives of the official state boards and is the only organization having anything like a legal existence.

Let me urge you, in conclusion, that one of the important things for you to give a part of your attention, right now, and

not at some future time, is the enthusiastic, aggressive and confident support of our own institutions.

Send a student to a college! Help the student while there if he needs help.

THE NEED FOR MORE PHYSICIANS*

By Wm. A. Pearson, Ph. D., M. D., Philadelphia

The United States Government has stated that seven physicians are needed for each thousand enlisted men and hence it may be seen that seven thousand are required for each million. There are now about 20,000 physicians in the Medical Enlisted Reserve Corps and our Army numbers approximately three million.

The medical population of the United States has been variously stated between 110,000 and 150,000, and probably 110,000 is more nearly correct. Of this number probably only 40,000 are physically able to stand active military service.

While the number of physicians enlisted for the Army is satisfactory for the present needs, nevertheless, if this war is a prolonged one as it promises to be, a great many more physicians will be needed.

The prospects for large medical classes is discouraging; largely for the reason that most preparatory colleges have suffered by the loss of their students through enlisting. It is safe to say that one-half of all the male college students in the United States have entered active military service.

The great need for conserving all technical and professional students is apparent to the War Department and Dr. Charles R. Mann is chairman of a special committee for this particular purpose.

It is the plan to have all technical and professional students enlist in the Students' Army Training Corps and uniforms have already been ordered and these men will be under military control. This is an important step in the right direction and it is hoped that it will not only solve the problem of obtaining a sufficient number of doctors but also of obtaining a sufficient number of technically trained men in all lines.

*Abstract of Paper read before The College Alliance, A. I. H., June, 1918.

SURGERY AND GYNECOLOGY

Department Editor: DeWitt G. Wilcox, M. D., F. A. C. S.

CARCINOMA IN THE MALE BREAST—A CASE*

By George R. Critchlow, A. B., M. D., F. A. C. S.,
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G. W., male, aged 70, native-born, of German descent, was admitted to the Buffalo Homeopathic Hospital on February 11th, 1918, with the following

History: Family history negative, except that one sister died at age of 45 of cancer of the breast. Personal history negative. Occupation is banana-handler, requiring him to carry heavy bundles clasped tightly in his arms against his chest. Three years ago he first noticed a small lump the size of a walnut in the right nipple, which he attributed to irritation by friction from the banana packages. He was warned at that time by a physician that it might turn into cancer, but as it seemed to get no larger he paid no further attention to it. About three months ago the lump began to enlarge rapidly, and four weeks ago the nipple became swollen and very red. Two weeks ago he began to apply poultices to the nipple, thinking it was a boil. Three days ago the swelling in the nipple broke and bled profusely. The lump in the breast has never pained nor has he lost weight or strength; only the alarming hemorrhage drove him to consult a physician, who sent him to the hospital with a diagnosis of cancer.

Physical examination: The patient is an elderly man weighing about 180 pounds, strong and healthy in general appearance and revealing no abnormal physical findings except in the right breast. The latter is greatly enlarged and contained a hard nodular tumor. The nipple is twice the size of a large strawberry, red and distended, tightly adherent to the growth beneath. In the axilla can be easily felt an enlarged gland the

*Surgical and Gynecological Society, A. I. H., 1918.

size of a small hen's egg. The growth is rather freely moveable on the chest wall.

Operation: The following day we performed complete extirpation of the breast, including both pectoralis muscles and the glands along the axillary vessels. The supraclavicular space was not dissected. By extensive undermining of the skin borders the wound was closed completely and drainage established by a stab wound in the axillary space.

Pathological report: The specimen is a tumor of the male breast. Macroscopical examination: The tissues include skin, nodular mass beneath, muscles, together with attached fat and enlarged nodes external to the main growth. The central growth about the nipple measures 7 cm. in diameter and 4.5 cm. in depth from the tip of nipple to muscle tissue beneath. Specimen presents a very much enlarged nipple 4.5 cm. in diameter which is raised above the rest of the tumor a distance of 2 cm. It is somewhat umbilicated. On its surface are two shallow ulcerated areas separated by a narrow area of skin. One of the ulcerated areas measures 1 cm., the other 1.5 cm. There are several nodular areas surrounding the nipple, some of which show small ulcerations. Microscopical examination: The stained section shows the tumor to consist of alveoli which are packed with epithelial cells. In most areas these alveoli are close together with a comparatively small amount of stroma. In other areas the connective tissue is present in greater amount, even showing fairly large bands here and there throughout the specimen. Mitotic figures are present in small numbers. Diagnosis: Adenocarcinoma.

Postoperative history: The wound healed by primary union and the patient was discharged on the 32nd day. An unfavorable prognosis was given to the family and the patient was urged to present himself for regular x-ray treatments, which he failed to do. He was seen a few days ago at his home and found free as yet from any recurrence of the growth in the wound, and no enlarged nodes could be felt. He has excellent use of the arm, the scar limiting extreme upward motion at the shoulder to a slight degree. General health is good.

Frequency: Carcinoma in the male breast is of rather rare occurrence. Rodman[1] states that "not more than one per cent of all cases in this location occurs in men. Out of 1,460 cases of mammary carcinoma studied by Keyser, only 10 affected the male breast. Of 307 cases treated at the Johns Hopkins Hospital, Warfield states that only three were men. Farantino found only

1 case in 228 and Sick found only 2 in 616. These figures do not show such a high percentage among men as those of Billroth who stated the percentage to be 2.82."

Judd and Sistrunk[2] reported four years ago on all the patients operated upon for carcinoma of the breast at the Mayo Clinic for the ten years from Jan. 1, 1902 to Jan. 1, 1912. During this time 609 patients were operated upon, of whom 607 were females and 2 were males.

A year ago Simmons[3] reported a case of adenocarcinoma in a boy of thirteen and could find in all the literature only two other cases occurring in children under fifteen years of age. His case had a clear history of trauma dating back a year, when he was struck in the breast by a baseball bat.

Two years ago Roffo[4] of the Argentine reported his second case of carcinoma in the male breast. The patient was a man of seventy in whom the disease had first shown itself eleven years previous, had subsided under local treatment and returned three years previous to the report. There was no operation, but post mortem histological examination showed carcinoma of tubular type.

Two years ago Rischbieth[5] of Australia reported a case of carcinoma of the breast in a male thirty-three years old. "The tumor was of two years' duration and had been operated upon a year before. At the second operation the pectoral fascia, the superficial fibres of the pectoralis major and the serratus magnus, together with a layer of fat, was dissected away as far as the axillary vein. There was no removal of the fascia or glands on the deep surface of the pectoralis major nor of the bulk of the muscle itself. Less than six months later there were recurrences in the skin adjacent to the cicatrix and in the axilla. A third operation was done, at which time the whole of the glands of pectoralis major and the fibrotic contents of the axilla were removed. The rule is that cancer of the male breast must be treated just as in the female. The fact that they are often small should not justify limited removal. . . . Cancer of the male breast is often regarded as of relatively low malignancy, an erroneous belief in many instances. . . . There seems to be no reason to believe that cancer in the male breast is in any way different from that in the female breast, and the operative procedures should be the same, regardless of the desire to avoid impairment of the function of the arm."

Conclusions: 1. Cancer in the male breast is rather rare but

has occurred in patients of all ages between the extremes of twelve and seventy years.

2. In the case here reported, as well as in many others in the literature, a history of trauma as an etiological factor is apparently confirmed.

3. As to the degree of malignancy of the disease when occurring in the male there is no evidence that it is less so than in the female, and, therefore,

4. The operative treatment should be of the same radical character as that universally recognized as imperative to success when treating the disease in the female.

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PRINCIPLES VERSUS TECHNIC IN SURGICAL TEACHING

By Sidney Freeman Wilcox, M. D., F. A. C. S., New York City

In all schools of engineering the student is first taught certain basic principles from which he may work out the problems which come to him in his future professional life. In all of these schools, during the first years, the courses of study run on parallel lines. Later on they branch out according to the requirements of each specialty but the main object in every case is to furnish the student with all the available knowledge in his special branch.

Take, for instance, the mechanical or civil engineer: After a thorough education in mathematics, which is the basis of all engineering, he must take up the study of materials, their powers of resistance, their expansion or contraction under differing conditions, their durability and everything pertaining to their use. Then from the lecture room he must go to the laboratory, the shop or the field and learn in actual practice the application of the principles which he has been taught didactically.

On the other hand, the ordinary mechanic begins at the other end. He is a mechanic, in other words, a technician pure and simple. He learns to do certain things well, but he is limited to what he is taught to do in a purely mechanical way. He learns by practice to saw to a line, to make a true joint and is skillful in

the requirements of his trade. If he wishes to make a right angle he measures three sides of a right-angled triangle with the sides six and eight feet and the hypothenuse ten feet long, but he does not know that these figures make his angle true because the square of the hypothenuse of a right-angled triangle is equal to the sum of the squares of the other two sides. In other words, he works by "rule of thumb" and is bound by narrow limitations. He is like the man in a large tinshop who was expert at making six-quart pans but could make nothing else.

To sum up the contrast, the educated engineer with a broad knowledge of the principles and possibilities of his science is limited in his plans and achievement only by his imagination while the ordinary mechanic is purely a technician in narrow boundaries, lacking the wide visualization of possibilities and accomplishment.

Surgery is a mechanical art but differing from other mechanical arts in that it not only involves mechanical skill and dexterity but also the responsibility for human life. Mistakes with insensate material involve only material loss, but a surgical mistake may result in permanent disability or even the death of the patient.

Therefore, while the surgeon should be a mechanic of the highest order he must be more than that. His work must have a two-fold object: First, the accomplishment of certain mechanical results, and, second, the establishment of the proper relations between these results and the well-being of a complex, many functioned organism. It is because the importance of the dual purpose of surgical work is not always understood that I am presenting this paper.

At the time of my resignation, two years ago, I had been a teacher of surgery for thirty-five years; passing through all grades from demonstrator of operative surgery to professor of clinical surgery. Now, that I am far enough away, I believe I am better able to form a correct judgment of the situation than when I was actively engaged in the work.

Because my title is "Principles versus Technic in Surgical Teaching," it does not mean that I decry the importance of technic but it means that the principles upon which the technic is based should be given the greatest prominence and when they are well understood the correct technic follows automatically.

Principles are stable and do not change: technic is mutable; it is a thing of invention or fashion and is always changing.

In surgical work, tissues heal as they always have healed and always will, but the methods of mechanical adaptation are everlastingly changing and are subjects for continual controversy and discussion.

Every year some new method of treatment is evolved. It seems to have attained the ultimate in surgical possibilities and perhaps becomes the fashion. Probably within a few years, it will be discarded for some other method and relegated to the technical trash heap. Take, for instance, the methods of treatment of fibroid tumors of the uterus. As we look back now at the technic of the operations for this condition which have been employed, within my own recollection, they seem almost barbarous as compared with the ones in use today. Review the changes in the treatment of wounds from the first crude methods advocated by Lister to the simplified methods of today; then, recall the changes even within the past few years, regarding the pathology and treatment of intestinal toxemia. These are only a few of the vast number of surgical procedures that have gone to the scrap pile. In fact, if the surgical scrap pile and the pile of surgical conceptions that have stood the test of time were placed side by side the former would far overtop the latter.

It is the misfortune of clinical teachers that their students remember them by the things which they taught during their student days and perhaps forget that the teacher may possibly have kept abreast of the times. That is one of the things that I dislike to contemplate, and I wonder if my old students think that I would now teach the same methods that I did twenty-five years ago?

One great fault with technical teaching is the tendency to attribute too great importance to conditions which occur in certain restricted portions of the human body and the laying of great stress on the necessity of working along certain narrow technical lines, forgetting that each organ is only one of the many wihch go to form a complicated organism.

With teachers of clinical surgery the tendency is to exploit the operation, especially if there are many cases to be operated on in a limited time. Necessarily the lecturer has but little time for his preliminary talk and that must be largely devoted to explaining what he intends to do, giving but scant time to the conditions which have led up to the operation.

The two best teachers of clinical surgery that I have ever had the pleasure of listening to were the late Wm. Tod Helmuth,

Sr., and the late T. Galliard Thomas. A clinical lecture by either of these men was spell-binding. They began at the beginning of the matter and the operation was only the climax. The students stayed until the last suture was placed, and when the séance was ended each one knew why he had been staring for an hour at a bloody hole in a sheet. On the other hand, many a man's lecture room is half empty before the close of a big surgical clinic because the students only partly understand what it is all about.

I confess that as a clinical lecturer I have committed all the sins which I am inveighing against, and like many another ancient, being now removed from temptation, I look back upon certain phases of my past with reprobation.

No man should be granted the license to practice surgery until he has shown himself qualified and his qualifications should consist in a good knowledge of the principles upon which the science is founded, added to manual dexterity and mechanical ability. In the practice of surgery the latter are quite as important as the former. A man may know a lot about surgery and yet not be able to make a decent operation. One of the worst botch jobs of an operation that I ever saw was done by one of the most voluminous writers on the subject that this country has ever produced.

I believe that postgraduate courses have been responsible for a good deal of bad surgical work, for men who have slight knowledge of the principles and who haven't the mechanical ability to mend a broken chair attend a course of a few weeks' duration and then return home and set up a hospital and do some fearful work. I have seen some of it.

The principles of surgery are founded upon a knowledge of anatomy, physiology, pathology and the relation which each organ bears to the others and to the system as a whole. These form the bottom layer of the foundation. Then comes the knowledge of tissue repair and the conditions which most favor it. Moreover, a surgeon should know what internal medicine can do. The better physician he is, the better surgeon he may be. I don't pretend to be much of an internist, but once in a while I have managed to hit it off. Not so very long ago a lady came to me convinced that she was suffering from cancer of the stomach. I was unable to confirm her home-made diagnosis although I was not quite positive that she was not right. So I sent her to an eminent radiontologist who sent back a report which made the case appear serious. However, I pandered to a certain conserva-

tive streak in my nature and gave the patient pulsatilla and she was well in a week.

So, to the other pre-requirements of the surgeon I would add a certain amount of practical experience in the practice of general medicine.

The great tendency with specialists is to narrowness of view, gradually losing sight of the broad general principles that underlie all branches of the healing art and not paying much attention to what has been accomplished in other specialties.

It is known among orthopedists that a sinus leading to diseased bone is healed more quickly by the injection of bismuth paste than by any other means. I wonder how many aurists have used this paste in chronic suppurative otitis? And yet it is one of, if not *the* best local applications for that condition.

The man who aspires to practice surgery should be subject to a special license which should be granted him only upon his showing that he is well grounded in the principles of the art and his demonstration that he possesses the necessary mechanical ability and manual dexterity to do good operative work. As to teaching in surgery during the years of undergraduate student life, the instruction should be mainly in the principles of surgery, leaving the technic until later.

ANESTHESIA AT THE FRONT

Anesthesia must not be made an easy berth for the physician who is sent by chance to a military, surgical ambulance. Each surgeon should have his own anesthetist, who should be an expert in his specialty and should be conversant with the most recent advances.

If it is necessary to use members of the ambulance corps to give anesthetics, when a physician is not available, these should have had thorough training in the administration of general anesthetics, especially etherization with an Ombredanne inhaler—a method which minimizes the risks involved.

Familiarity with the stock apparatus provided enhances the results of general anesthesia and if the Ombradanne and Ricard apparatus are both at hand, better work will be done.

Warmed vapors, as used by certain American and English anesthetists, induce anesthesia more rapidly and pleasantly, and produce less irritation of the respiratory tract, less nausea, shock and fewer postoperative pulmonary complications. This method deserves study and use, as do other technics, which are at present little known among the profession in France.—Henri Vignes, *Amer. Jour. of Surgery*, July, '18.

OBSTETRICS

Department Editor: Florence N. Ward, M. D., F. A. C. S.

THE MATERNAL GENERATIVE ORGANS: PHYSIOLOGICAL ANATOMY AND RELATIONSHIP*

By Wm. A. Humphrey, M. D., F. A. C. S., Columbus, Ohio

There is nothing new to know about the terminal results of the physiology of these organs. The medical mind has known for centuries that the organs are the ones essential to the process of reproduction. The modern scientific mind is not satisfied with terminal results; it is constantly seeking to know why such phenomena take place. Slowly but surely scientific research is producing results which bring about the answer. We must revise our notions of the muscular layers of the uterus itself. Gross anatomy has taught for years that it is made up of three muscular layers; modern research proclaims that it is made up of many layers overlapping each other and built up much the same as the carpenter constructs the roof of a building. Among each pair of layers we now know that the lymphatics permeate as well as the veins. We also know that the uterus has a physiological contraction every day during menstrual life. By this means, this muscle, like any other, keeps its tone—squeezing out in its contraction the blood which may have been delayed too long in its transit through the valveless veins. This is interesting because it shows plainly why any infectious condition which supervenes upon labor leaves the uterus in a state of subinvolution. The veins and lymphatics become gorged because of the deposit of material and the arrest of involution which should go on physiologically after labor in the uterus to restore it to its former non-pregnant state. The muscles so engorged seem to lack the usual amount of contractile power just as any other traumatized or infected area which is gorged refuses to act with the same facility which it possesses in health.

The generative organs are of very minor importance during the first decade of life. It is well established that the infant uterus takes on considerable growth during the last month of intrauterine life, due perhaps to an unknown placental hor-

*Obstetrical Society, A. I. H., June, 1918.

mone, which, of course, it loses when birth takes place. After birth there is some regression in the uterus which remains until about the period of puberty, when again, it receives a stimulus which acts for its development. This stimulus is conceded to be from the ovary; just what particular tissue of the ovary produces this function is not clearly defined. We have known for many generations that the removal of the ovaries, before puberty, arrests the growth not only of the uterus and genitals, but the entire reproductive system. It has also been proven that by transplanting the ovary into the body after its removal, the development in a large measure goes on, thus proving beyond question that the ovary does possess this function, the function of growth to the generative organs. The position of the uterus at birth is very high in the pelvis and stands practically perpendicular, with the uterine canal straight, so that the intestine lies in front of it at birth and for some time afterward. During the first ten years of life it sinks into the pelvis and acquires anteflexion. It also recedes somewhat. Persistence in this position after maturity constitutes local infantilism. The uterus under normal conditions is not fully developed until several years after puberty. Lactation causes temporary atrophy which we call normal hyperinvolution. Almost always at the cessation of lactation, the uterus again returns to normal. The physiological atrophy, which takes place at the menopause needs no discussion except to emphasize again that as soon as the ovary has ceased functioning the uterus takes on this atrophy which further proves the ovarian control of the uterine tonicity during menstrual life. The fallopian tubes in infancy possess some distinctive qualities which should be wellknown to the obstetrician, although they possess especial interest to the gynecologist. At birth the tubes are small and very much twisted upon themselves and remain so during the first decade. At the establishment of puberty this twisting unfolds itself until the tube is practically untwisted and yet somewhat tortuous. After childbirth, the tubes are usually found to be straight. Any cause which operates physiologically to prevent this untwisting interferes with the lumen of the tube and may be a cause operating to produce ectopic gestation.

The ovary is, without doubt, the most interesting of the generative organs because of its known double function, namely, that of reproduction and an internal secretion which as yet has not been isolated, but which is pretty well proven to

exist in a negative way because of the display of symptoms and the change in function which its removal brings about. It is classed among the glands of internal secretion along with the hypophysis, thyroid, parathyroid, adrenals and pineal glands. As we have mentioned, castration before maturity causes a failure of genital development,—in the adult, regression of the uterus, vagina and genitals. Halban has shown that this atrophy can be inhibited by transplanting the extirpated ovary in distant parts of the body. It has not been shown in what part of the ovarian tissue it is manufactured. There are three parts from which it might come, namely, the follicle apparatus, the corpus luteum, and interstitial glands. As it is known that an ovarian secretion exists before puberty (proven by castration), it seems that the follicle is the seat, since the corpus luteum does not appear normally until sexual maturity. It is therefore probable that the follicle presides over growth and nutrition of the genitals. (Frank.)

The physiological anatomy of the ovary is interesting. The ovary is covered by a single layer of low cuboidal cells, called germinal epithelium, which unites with the peritoneal endothelium in an irregular way at the hilum. This germinal epithelium is continuous embryologically with the epithelium of the tubal and uterine mucosa. Though modified and insignificant as a covering for the ovary, it has great potentialities for growth and is the chief factor, probably, in the etiology of parenchymatous ovarian cysts.

In childhood the surface of the ovary is for the most part smooth; after puberty the scarring process of ovulation gives it an irregular furrowed appearance. Under the germinal epithelium is the thin dense layer of dense fibrous tissue, the tunica albuginea. This develops fully at puberty and at that time consists of three layers of connective tissue. In old age and under certain pathologic conditions, it becomes much thickened and may thus play a part in sterility. Underneath the albuginea is the parenchymatous layer of cellular connective tissue in which are found the follicles. Merging into this parenchymatous layer is the medullary at the hilum through which pass the blood and lymph vessels, nerves and connective tissue, and muscle fibres of the broad ligaments. In this layer are found glandular ducts thought by some to be the remains of the Wolffian ducts and are supposed to connect with the parovarium; others believe they are offshoots from the germinal epithelium. The follicles are confined entirely to

the parenchymatous layer. After birth no new follicles develop. The essential function of the ovary is the development and ripening of the follicle. From puberty there is a continuous development of follicles until the menopause when they disappear entirely.

The maturing follicles consist of three parts—the primordial, the ripening, the ripe Graafian follicle. It is the ripened Graafian follicle and its subsequent rupture and formation of the corpus luteum that begins to interest us, since its function and abnormalities following result in a display of symptoms which lead us to interpret their source and their effect on the female organism. When the follicle is ripe it moves toward the surface thinning out the layers of the ovary, creating a translucent spot, the stigma through which the egg is finally discharged by internal force which is still a source of debate. The corpus luteum now forms; the follicle is filled with blood; around the mass of blood is the wrinkled membrane which gives it its color. The preponderance of opinion is that these cells have their origin in the epithelial cells of the membrane granulosa. These cells resemble somewhat decidual cells. The period of regression of the corpus luteum in the non-pregnant is about four weeks. It attains a size of about two centimeters. In pregnancy it reaches its height in two months. From the third month its regression is slow so that it is possible to demonstrate it at the end of pregnancy. In menstrual life, from fourteen to eighteen follicles mature each year. In addition to the follicle secretion, the corpus luteum has been shown to be the seat of ovarian secretion. It presents the picture of an internal secretory gland much like the adrenals. It is conceded that the function of the corpus luteum is the control of menstruation and of preparing and sensitizing the endometrium for the reception of the ovum. The function of the interstitial glands is conjectural, though it may share in the development and nutrition of the genitals. Careful attention to the similarity of construction of the sparse epithelium covering of the ovary and its resemblance to the endometrium and the lining of the tube, at once suggests to the scientific mind a co-operative action which is possible between the uterus and the ovary. There remains much, however, to be learned,—for instance, just what it is in the human economy that starts the growth of these organs at puberty; in other words, the problem of life and growth in tissue still holds its own secret.

PHYSICAL THERAPEUTICS

Department Editor: Wm. H. Dieffenbach, M. D.

WHY THE KNIFE ONLY IN CANCER?*

By Rollin H. Stevens, M. D., Detroit, Mich.

The Knife-Only treatment for cancer is still advertised broadly in medical and lay press the whole country over by certain conservatives who assume to give out all knowledge that ever was, or ever shall be regarding cancer.

These conservatives make most radical and unsubstantiated statements in their literature regarding cancer, such as "the knife is the only cure," all other treatments are "useless" or "unproven," etc.

These statements sound more like the commercial quack "ad" than conservative statements of scientific men.

We often wonder why the surgeons started this cancer propaganda anyway. Why did they undertake to advise people about a disease they themselves knew so little? Did they know what cancer was? Did they know its cause? Did they actually know whether it is only a local, and not a constitutional disease in its start? Did they know they could actually cure even a small per cent of their cases? When is the disease only local? In its first external manifestations? When has metastasis begun? Who can diagnose the earliest metastasis? Can a patient be assured of a cure if operated early?

These were the questions on which some of our surgeons attempted to give the public accurate information yet no authority in medicine has been able to solve the problem of cancer.

Have not our surgeons assumed a great deal of unnecessary responsibility? Have they accomplished anything by their propaganda? In fact, we may as well be plain, have they even been honest with the public in this propaganda? Have they not ignorantly or deliberately suppressed from the public some knowledge of importance which we do have? Is it not time to call a halt and either give out unbiased information about cancer, or cease quackish propaganda?

We call the propaganda quackish because it is untrue. There is no excuse for the surgeons, because there is abundant evidence

*Nat'l Soc. of Physical Therapeutics, A. I. H. 1918

in the literature by authors just as reliable as the best of the surgeons that advocate the knife only, that there are other methods of treatment of cancer, which have proved equal, or even superior to the knife.

Do not misunderstand us, and gather from our remarks that we discard the surgeon and his knife in the treatment of cancer. Far be that from our intentions. The surgeons have done some fine work in cancer. Some of the statistics of the Mayos, of Rodman, Murphy and others give ample proof of this. But these statistics are very far from those at which we are aiming. And while we may have spoken our conception of the truth rather bluntly, it is with the idea of helping the surgeon improve these statistics very materially that we write as we do.

We love the surgeon as we do our child, and, as in the case of our child, we must rebuke him when he does not walk in the paths of truth and righteousness.

In their propaganda the surgeons state that x-ray and radium will not cure, and do harm in operable cases by causing the patient to lose valuable time etc. In inoperable and recurrent cases, according to them, the x-ray "may" or "should be tried." How inconsistent! If the x-ray will help inoperable cases, why not operable? Look at the literature if you cannot get the experience direct, and you will see that the x-ray is practically if not absolutely curative in 75% to 90% of superficial cases of cancer. Look at the literature of radium extending over 10 or 12 years and you will find a similar record.

Are there any authentic cases of "clinical cures" from the use of x-ray in deep seated cancer of the breast, bones or uterus? There are some reliable reports by very conservative men. But while we advocate the treatment of malignant diseases of the skin by the use of x-ray or radium alone, in great preference to the knife, we do not advocate the treatment of deep seated cases by these methods alone, but in conjunction with the knife. Why?

Because, it has been amply proven that x-ray or radium, in appropriate doses (and there is the secret of success), accomplishes the destruction or devitalization of cancer cells, and there is some scientific evidence that the effect of the x-ray on the blood tends to produce at least a temporary immunization against cancer. Of this latter we require much more evidence, however.

The more cancer cells that can be destroyed, the less the chance for metastasis after operation.

However, like drugs, x-ray has more than one action, de-

pending upon the dose. Small doses stimulate cells to greater growth, while large doses destroy. A full destructive dose to even normal cells on the surface would be only a stimulating dose to cells a centimeter below the surface, because every millimeter of tissue absorbs so much of the ray. "Soft" rays would be mostly absorbed by the surface tissue, and would not penetrate to any great depth, while sufficiently hard rays would reach cells in the deepest parts of the body. Hence, in order to reach the deeper-lying cells with a sufficient dose, it is necessary to crossfire through a sufficient number of ports in different directions giving the skin all it will bear in each port.

The x-ray has a great advantage over radium in deep-seated therapy, because while the gamma rays of radium have greater penetration that the x-rays, they are so few in number as to be useless in the "crossfiring" of an area of any considerable size, while the x-rays can be developed with a sufficient penetration to reach any part of the body as is amply demonstrated in radiography, and they can be had in great abundance.

Unfortunately many of our best roentgenographers have treated cases of cancer postoperatively, or otherwise, without carrying out a technic for giving proper dosage to deep-lying cells and their results have brought the x-ray into disrepute with many surgeons. But it is just as unfair to condemn the treatment because of such results, as it is to condemn surgery because of poor technic on the part of some surgeons.

The x-ray therapy technic is a highly specialized one, and x-ray treatment should only be administered by the competent x-ray therapist. Otherwise more harm than good will be done.

Of reliable clinical cures of several years' duration of cancer by x-ray, both in operative and inoperative cases, there is abundant proof in the literature. Then why so unjustly and untruthfully say, "There is no cure but the knife." Surely there is abundant evidence in every man's experience that the great majority of cases are not cured by operation even when operated early. Recurrences are not the exception from operation alone, but rather the rule, and why?

Can any surgeon tell how far out from the growth metastatic cells extend in the lymphatics? Of course not. When he operates he invites metastasis by direct inoculation into the larger lymphatics, or into blood vessels with his knife. On the other hand what happens when the case is properly treated by x-ray? Cancer cells in and about the growth are destroyed or

weakened and immunizing bodies are probably produced in the blood. But there is a danger here. The tumor itself may disappear, become a fibrous mass, or become cystic, or be largely uninfluenced under the action of the ray. The remaining changed growth may harbor some viable cancer cells, or cancer virus, whatever it may be, or like other inflammatory or benign tumor masses, may again become malignant.

Therefore for ten or twelve years past we have advocated the preoperative and postoperative treatment of cancer.

There should be no haste about operating at the earliest possible moment in cancer. Most cases should be given the benefit of two or three thorough treatments, two or three weeks apart before operation. In many cases the size of the growth will be materially reduced by this treatment. The lymphatic system most likely to be involved should be thoroughly crossfired with the ray at each sitting.

But before any treatment is given at all the presence, or absence of early metastasis, or even of primary growth in the chest or bones should be determined by stereoscopic roentgenograms in order that special treatment may be directed into any involved area discovered by this method of examination. Not a few cases are operated for supposedly early growth in the breast when there is already considerable growth in the chest or bones. Any areas where "rheumatism" may be complained of should be frequently examined with care for bone metastasis.

Many inoperable cases can be converted into operable cases by proper x-ray treatment, metastasis in inoperable cases sometimes yielding when the original growth will not.

Therefore in our educational work concerning cancer let us be careful not to misinform our patients. We shall have their confidence if we are honest with them, explain their cases, and the advantages and disadvantages of various methods of treatment. We believe there is plenty of evidence, into which we cannot go in detail in this paper, to show that early operation without previous roentgen treatment is not only not necessary, but is actually jeopardizing the patient's chances of cure. The patient should have plenty of time for preoperative roentgen examination and treatment. In the average case every week up to ten or twelve spent in this will improve the surgeon's statistics, by demonstrating the presence or absence of lesions which would classify the case as inoperable or operable, and by possibly developing in the patient a degree of local and general immunity which

may mean success. Then after the operation several more roentgen treatments should be given to complete as far as possible the immunizing work thus begun.

Tomorrow may bring forth still newer and better methods than the one described. We have yet a lot to learn about cancer, but we believe this treatment gives the best results of any treatment known today, and every cancer case should have the benefit of it if possible.

Why "only the knife in the treatment of cancer," Mr. Surgeon?

X-RAY AS A DIAGNOSTIC AID IN BACKACHE

Sacro-iliac sprain or subluration. This articulation now conceded to be slightly movable, particularly during pregnancy, frequently has an undue amount of motility producing a wider separation than normal between the articulating surfaces. This the x-ray plate depicts and not infrequently there may be secondary positional changes in the pelvis, such as tilting, angular deformity or even upward displacement.

Osteo-arthritis. Spur formation—budding—slight erosions and spots of rare faction can be noted in the radiograph long before the clinical symptoms are sufficiently pronounced to make a positive diagnosis.

Spinal metastasis. Persistent backache, where there has been a previous history of operation for carcinoma, should put one on the alert for possible spinal metastasis.

Pott's disease and *curvatures.*

New growths of the spine, such as, exostoses, osteoma, osteosarcoma.

Abdominal tumors and aneurysms of the aorta.

Fractures of transverse processes are not uncommon and even fractures of the body of the vertebrae have been shown to be the cause for backache.

Renal Calculi—ureteral calculi. "The classical picture of pain referred along the course of the ureter to the genital organs is not always encountered; in fact, my experience is quite the contrary."

Gallstones and diseases of the gall-bladder.

In *gastric and duodenal ulcers* although pain and tenderness are usually found anteriorly, many cases, especially those in which ulcer is situated on the posterior wall, have pain referred to the upper lumbar region.

Intestinal stasis—due to various causes; enteroptosis, kinks, angulations, reduplications, or rendundancy of the gut, strictures or volvulus.

Retrocecal appendix. "One patient, in whom I was able to demonstrate a retrocecal appendix, has had an entire subsidence of his backache following appendectomy."—Mulford K. Fisher, M. D., *New York Medical Journal*, June 22 1918.

RADIUM IN LEUKEMIA: A SUGGESTION

BY W. H. Dieffenbach, M. D., New York City

In connection with the verification of the value of radium in leukemia it is interesting to recall that many of the workers in pitchblende (the mineral which contains radium) develop leukemia after years of working in the mines. Is this another instance of *similia?*

The following abstract is from the *Boston Medical Journal,* No. 20:

"The Mayo Clinic reports thirty consecutive cases of myelocytic leukemia treated by means of surface application of radium element over the enlarged spleen. A certain degree of general improvement, together with reduction in size of the spleen and of the leukocytic count occurred in every instance, even in the most advanced and toxic cases. Marked temporary improvement occurred in twenty-six patients and remarkable improvement in thirteen. Hemorrhage ceased as a rule after one or two series of exposures. In two instances, hemorrhage occurred after radium exposures when it had not occurred previous to treatment. In these instances the hemorrhage seemed to be the result of over-exposure; an anemia also developed; both the hemorrhage and the anemia were successfully combated by means of transfusion. In twenty-five patients there was definite improvement of the anemia concomitant with the improvement of the general condition. The reduction of the number of leucocytes was due chiefly to not only an absolute but also a striking fall in the absolute count of the polynuclears, while their relative percentage remained approximately the same. There was also a marked fall in the absolute count of small lymphocytes. Surface exposure of radium over the spleen of myelocytic leukemia usually effect a very rapid reduction of the size of the spleen, a fall of the leucocyte count, improvement in the general condition and together with transfusion, constitute at present the most effective temporary measure in the treatment of the disease."

EYE, EAR, NOSE AND THROAT

Department Editor: G. W. Mackenzie, M. D.

CARE OF THE EYES IN INFANCY

By C. E. Beeman, M. D., Grand Rapids, Mich.

The care of the eyes in infancy is receiving considerable more attention at the present time than was formerly the case. This is largely due to the fact that about 30% of our blind owe their blindness to birth infection and that a large percentage might have been saved had the proper treatment been carried out.

With these facts before us, I will take up the treatment and prevention of this dreaded disease, Ophthalmia Neonatorum. It is a highly infectious, purulent inflammation of the conjunctiva of the newly born, destructive in character and when allowed to run its course without treatment, is capable of destroying the eye in a short time. Examination of the discharge from the eyelids has shown the presence of gonococci, in most cases. The infection takes place during birth, by the purulent discharge from the vaginal canal or uterine cervix of a mother who is suffering from leucorrhea or gonorrhea.

The first symptoms usually make their appearance on the second or third day after birth. At this time there is a swollen condition of the eyelids and a slight flow of tears resembling an ordinary inflammation of the conjunctiva, but rapidly reaches its height, becoming purulent in character within a short time. As the inflammation continues the discharge increases, at first resembling serum or mucus and soon becoming thicker, varying in color according to the intensity of the inflammation, which may be white, yellow, or greenish yellow, and sometimes mixed with blood. The eyelids become greatly swollen and the eyelashes glued together as a result of the discharge drying upon them. There is great danger of ulceration and perforation of the cornea as a result of the continued pressure and presence of discharge.

Credé's method of prophylaxis is to be highly recommended as the best means of preventing this disease. It consists in cleansing the eyes of the child with sterile water immediately after birth and instilling one drop of a 1 to 2% solution of

nitrate of silver. This often causes a slight redness for a day or two.

Irrigation of the vagina of the mother, before delivery, is useful as a prophylactic measure. Physicians treating patients with gonorrhea should warn them of the danger to the eye, if absolute cleanliness is not observed.

The most important part in the treatment of these cases is the thorough cleansing of the eyes of all discharge. This must be done night and day, and as often as every fifteen minutes, if necessary, to keep the eyes free from discharge. Boric acid solution is good for this purpose and can be used with an eye dropper, pieces of clean linen, or cotton. The solution should be used freely, the eyelids should be separated with the thumb and first finger, and the solution allowed to run gently into the eye from a distance of an inch or two. This should be continued until the eye is free from discharge. Sterile vaseline applied to the lids will keep them from gluing together.

Once a day the lids should be everted and an application of nitrate of silver, five grains to the ounce, made. This is not always an easy task, owing to the swollen condition of the lids.

The writer has used 20% solution of argyrol by instilling a few drops after each time that the eyes were cleansed, with very gratifying results.

Atropin sulphate, one grain to the ounce, should be used every three hours when there is involvement of the cornea or iris. Some good authorities advocate the use of eserine when there is a steamy appearance of the cornea.

Iced pledgets of cotton applied to the lids will help in relieving the pain and at the same time reduce the swelling. This should not be continued after the cornea has become involved.

Such remedies as argentum nitricum, pulsatilla, mercurius, or hepar sulphur will aid in the treatment of these cases.

Other conditions that will be met with in the eyes of the infant are the milder forms of conjunctivitis, ulcers of the cornea, interstitial keratitis, lachrymal disease and congenital cataract.

LOSS OF VISION DUE TO LACK OF OVARIAN SECRETION

By C. A. Harkness, M. D., Chicago, Ill.

A very interesting case has been under my care for the past two years. So far as I know it is the only one of its kind on record. Mrs. S., age 26, was referred to me by her family doctor for a sudden loss of vision in the right eye. She said that she had suddenly noticed that she could not see with it. I questioned her very carefully as to the sudden onset and was inclined to doubt it. But she was sure that until a few days before she had seen as well with the right eye as the left and I have since concluded that she did.

With the retinoscope I estimated that there was a refractive error of about half a diopter of astigmia. Since then under atropin my estimate has been confirmed.

Left vision was 20/20. Right vision was limited to counting fingers at six inches and then only when the hand was held to the nasal side and below the eye. Ophthalmoscopic examination was unsatisfactory due to a hazy condition of the vitreous. The pupil reacted normally. The aqueous chamber was normal. Tension was normal. At that time no history could be obtained of any menstrual disorders and the family doctor assured me that there was no pelvic trouble. Urinary findings were negative. Wassermann, both spinal and blood, was negative. A history of having had some spinal curvature, which was cured by an osteopath, was secured.

She was given three days of thorough cleansing of the bowels by the use of salines. She then returned and the haziness of the vitreous had disappeared. The opthalmoscope then showed a typical choked disc. As there were no signs of brain tumor or abscess I decided that the Wassermann had been poorly made. I had x-ray plates made but they gave us no information. A luetin test was made and there was no reaction for two weeks, when a typical reaction appeared. In the meantime she had been taking mercurius protoiodid in quarter grain doses four times a day. I decided that the luetin reaction was correct and pushed the antisyphilitic treatment. The improvement was very marked. Vision finally became 20/30. But it remained so for only a short time. It again dropped to almost the original findings. In a few days it improved. The

disc had improved in appearance but after this attack I found a degeneration around the macula. This alternate period of improvement and aggravation continued for a period of several months. But after each attack the degeneration around the macula was more pronounced and the field of vision was more contracted.

I then placed her in a sanitarium for observation and treatment, the latter consisting of massage, hot packs, high colonic flushings and blue mass. Another blood and spinal Wassermann was made and it was again negative. Another luetin was also negative. After two weeks in the sanitarium the vision was 20/20 and she could use the eye with perfect ease.

Ten days after leaving the sanitarium there was a complete loss of vision. Active catharsis again produced relief and the vision was 20/20. At this time the thyroid enlarged and the pulse became 120. Lycopus tincture in ten drop doses three times a day cleared up the thyroid enlargement and slowed the pulse to 85.

A month later there was another loss of vision but it was not so marked, being a drop to 20/120. It then occurred to me that this loss of vision was associated with the menstrual period as the attack after being in the sanitarium was at her menstrual period. More careful questioning and consulting with the physician who had been the family doctor when she was a young girl brought out that there had been considerable pain on the right side during the menses and that there was a slight swelling on that side.

I prescribed ovarian extract in five grain doses four times a day and had the satisfaction of seeing the eye remain stationary at her next period. The treatment was continued for six months with only one slight drop in the vision. For the past four months she has had no treatment and there have been no eye symptoms. Her vision is now 20/25. Much of the apparent degeneration around the macula has disappeared. The field of vision is only slightly contracted. Her menstrual period is free from pain and the swelling on the right side has disappeared.

I believe that this is a condition due to an ovarian trouble and that it has been cured by the administration of the needed substance. It has been demonstrated that the iodids will produce the luetin reaction.

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ORGANIZATION AND PROPAGANDA

Edited by the Executive Committee

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VOLUNTEER MEDICAL SERVICE CORPS

Statement by Dr. Franklin Martin, Member of Advisory Commission and Chairman of General Medical Board, Council of National Defense

Foreword

The Volunteer Medical Service Corps was authorized by the Council of National Defense on January 31, 1918. Under this authorization the membership of the corps consisted of all physicians who because of over age, physical disability, dependents and essential home needs were not eligible for service in the Medical Reserve Corps of the Army or Navy.

Enlarged Scope of the Organization

On August 5th the Council of National Defense authorized a change in the scope of the organization and an increase and amplification of its Central Governing Board. Membership in the Corps as now authorized makes eligible to the Corps every legally qualified physician, including women physicians, holding the degree of Doctor of Medicine from a legally chartered medical school, without reference to age or physical disability, provided he or she is not already commissioned in the Government Service.

President Wilson's Approval

This organization has now the approval of the President, as indicated in the following letter:

THE WHITE HOUSE
WASHINGTON

12 August, 1918.

My Dear Dr. Martin:

I have received your letter of August 5, laying before me the matured plan for the reorganized Volunteer Medical Service Corps, of

which you ask my approval. This work was undertaken by you under the authority of the Council of National Defense; it has had great success in enrolling members of the medical profession throughout the country into a volunteer corps available to supply the needs of the Army, Navy and Public Health Service. In co-operation with the General Medical Board of the Council of National Defense, the strong governing board of the reorganized corps will be able to be of increasing service, and through it the finely trained medical profession of the United States is not only made ready for service in connection with the activities already mentioned, but the important work of the Provost Marshal General's Office and the Red Cross will be aided and the problems of the health of the civilian communities of the United States assured consideration. I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the nation with great enthusiasm from the beginning of the present emergency. The health of the Army and the Navy, the health of the country at large, is due to the co-operation which the public authorities have had from the medical profession; the spirit of sacrifice and service has been everywhere present and the record of the mobilization of the many forces of this great Republic will contain no case of readier response or better service than that which the physicians have rendered.

Cordially and faithfully yours,

(Signed) **Woodrow Wilson.**

Dr. Franklin Martin,
Advisory Commission,
Council of National Defense.

Central Governing Board

At a meeting of the Central Governing Board, held on Friday, August 2, it was moved by Dr. Sawyer, seconded by Dr. Martin, that the Central Governing Board shall consist of the present Central Governing Board (excepting Sherk, Bradford, and Brophy) and others as follows:

Surgeon General William C. Gorgas, U. S. A.
Surgeon General William C. Braisted, U. S. N.
Surgeon General Rupert Blue, U. S. P. H. S.
Provost Marshal General E. H. Crowder.
Dr. Franklin Martin, Chairman of Committee on Medicine and Sanitation, Council of National Defense.
Dr. Edward P. Davis, President, Volunteer Medical Service Corps.
Dr. John D. McLean, Vice-President.
Dr. Charles E. Sawyer, Secretary.
Admiral Cary T. Grayson, U. S. N.
Dr. F. F. Simpson.
Dr. Frank Billings.
Dr. H. D. Arnold.

Mr. W. Frank Persons—Red Cross.
Dr. Victor C. Vaughan.
Dr. William H. Welch.
Dr. Robert L. Dickinson, Chief of Staff's Office.
Colonel R. B. Miller, U. S. A., Chief of Personnel Division.
Surgeon R. C. Ramsdell, U. S. N., Chief of Personnel Division.
Colonel James S. Easby-Smith, Executive Officer.
Dr. Joseph Schereschewsky, Assistant Surgeon General (Personnel).
Dr. C. H. Mayo or W. J. Mayo.
Dr. William Duffield Robinson.
Dr. George David Stewart.
Dr. Duncan Eve, Sr.
Dr. Emma Wheat Gillmore.

General Plan

The Volunteer Medical Service Corps is exactly what its name indicates. It is a gentleman's agreement on the part of the civilian doctors in the United States who have not yet been honored by commissions in the Army and Navy, and a representative board of governors consisting of officials of the Government associated with lay members of the profession, in which the civilian physician agrees to offer his services to the Government if required and asked to so do by the Governing Board.

It is a method of recording all physicians who are not yet in service and classifying them so that their services when required will be utilized in a manner to inflict as little hardship on the individual as possible. It is a method by which every physician not in uniform will be entitled to wear an insignia which will indicate his willingness to serve his Government.

As more than sixty per cent of the physicians of the country will be utilized in caring for the industries at home and the health of the home people, this large percentage of necessity will be expected to maintain their home status and continue their ordinary professional work.

FURTHER DETAILS OF THE MATURED PLANS OF THE V. M. S. C.

A. Object of Corps.

1. Placing on record all medical men in the United States.
2. Aiding Army, Navy, and Public Health Service in supplying war needs.
3. Providing the best civilian service possible.
4. Giving recognition to all who record themselves either in Army, Navy, public health activities, or civilian service.

B. This Organization Provides.

1. Means for obtaining quickly men and women for any services required.

2. Furnishes recommendations and necessary credentials to assure the best of service both military and civil.

3. Determines beyond question the subject's attitude toward the war.

NOTE.—Through this organization plan, many men will be registered for Army, Navy, and Public Health Service who can be called when needed without delay, thereby a medical reserve of thousands of men will be created at once which will be immediately accessible for Army, Navy, Public Health, and civilian service, no matter how urgent the needs.

Up to the present there have been so many to be called that no great difficulty has been experienced.

From now on quick needs will be more difficult to fill, except as they have been anticipated by having a direct line on all those who are willing to serve. This necessity the Volunteer Medical Service Corps fulfills, not alone as relates to war needs but also to the increasing civilian needs.

C. Civilian Service.

One great need of definite organization is in relation to civilian service. Unless some fixed plan is adopted home people may suffer and medicine itself may be discredited.

This plan registers all medical men and women for all kinds of service and places them within reach of those who know the needs and will arrange for their supply.

D. Recognition.

In the Volunteer Medical Service Corps everyone will have definite recognition of his standing as related to the war and will receive proper credit for service rendered, whether in Army, Navy, Public Health, or civilian service.

E. Conservation of the Profession.

If all medical services are conserved, we should not suffer. Indiscriminate placement and inconsiderate acceptance of men for war service may bring suffering, while specific organized handling of all medical forces will afford ample medical attention for all.

Such is the purpose of the Volunteer Medical Service Corps.

Tentative Classification Plan.

1. Fit-to-fight men under 40.
2. Reserves under 55.
3. Home forces over 55.
4. Ineligibles.

Reserves will consist of those who may be called upon for Army, Navy, Public Health, and civilian service when necessity requires. The home forces are those who are only able to do civilian service.

Definite Classification.

1. Medical Reserve Corps.
2. Volunteer Medical Service Corps.
3. Ineligible.

NOTE.—1. Such as are needed in the present or near future Army or Navy service. 2. Such as may be called for special Army or Navy and Public Health Service and for all civilian service. 3. Such as have been charged with unprofessional conduct, moral unfitness, or professional inaptitude.

Rules of Organization.

I. Name: The name of the organization shall be the Volunteer Medical Service Corps of the United States.

II. Object: 1. The object of the corps shall be to mobilize the medical profession in the present emergency in order to provide for the health needs of the military forces and civil population of the country.

2. Services of members will be called for and rendered in response to requests to the central governing board from the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, or the general medical board of the Council of National Defense.

III. The corps: The corps shall consist of all members of the organization. The management of the corps shall be vested in a central governing board.

IV. Central governing board: The central governing board shall be appointed by the Council of National Defense and approved by the President of the United States.

V. Officers: The central governing board shall direct the activities of the corps, and shall select from among its own members a president, a vice president, and a secretary.

VI. State governing boards: 1. The State governing boards shall consist of the members of the State committees, medical section, Council of National Defense. The State committees shall select, subject to the approval of the central governing board, from 5 to 10 of their members who are eligible for election in this corps to act as the executive committees of the Volunteer Medical Service Corps in the respective States.

2. The duties of the executive committee of the State governing board shall be to consider applications for membership in the corps from the respective States, and to submit recommendations regarding these applications to the central governing board.

3. The State governing board shall aid in the work of the executive committee of the State and perform such other duties as may hereafter be deemed essential by the central governing board to accomplish the purpose for which the corps was created.

VII. Membership: 1. Every legally qualified physician holding the degree of doctor of medicine from a legally chartered medical school, without reference to age or physical disability, may apply for membership in the Volunteer Medical Service Corps, provided he is not already commissioned in the Government service.

2. Women physicians are eligible.

3. Application for membership in the Volunteer Medical Service Corps shall be made upon blanks furnished for that purpose by the central governing board for proper classification according to training and special fitness.

4. Any member of the Volunteer Medical Service Corps who wishes to change his classification may appeal to the central governing board.

5. The central governing board shall be empowered to elect from time to time to the Volunteer Medical Service Corps members of sanitary engineering and hygienic professions.

VIII. Method of election: 1. The members of the corps shall be graduates in medicine who are licensed to practice medicine in their respective States, who have made application for membership, who meet the qualification requirements that are now or shall from time to time be established by the central governing board, who are eligible as under Article VII above, and who shall be elected to membership in the corps by the central governing board.

2. Each person elected to membership in the corps shall be designated as a member of the Volunteer Medical Service Corps.

3. It shall be the duty of each member of the Volunteer Medical Service Corps to notify the central governing board when he accepts a Government commission.

IX. Insignia: 1. Members of the corps shall be authorized and required to wear the insignia of the corps.

2. The insignia and certificate shall be secured by members of the corps under such regulations as may be determined upon by the central governing board.

3. The insignia shall not be loaned to any person not a member of the corps, nor shall it be worn after notification that eligibility to the Volunteer Medical Service Corps has ceased to exist; and it shall be returned on demand of the central governing board.

X. Any member of the corps may be expelled for conduct which, in the opinion of the central governing board, is derogatory to the dignity of the corps or inconsistent with its purposes.

XI. The central governing board shall be authorized to provide such regulations as shall from time to time become necessary.

XII. Authorization: The organization, the insignia, and the certificate have been authorized by the Council of National Defense.

Ratified by Board.

Dr. Franklin Martin, member of the advisory commission of the Council of National Defense and chairman of the council's general medical board, authorizes the following:

Subdivisions and committees of the central governing board of the reorganized Volunteer Medical Service Corps of the United States were ratified in a meeting of the board held Wednesday, August 14, in the offices of the medical section of the Council of National Defense, as follows:

Governing council: Surg. Gen. William C. Gorgas, United States Army; Surg. Gen. William C. Braisted, United States Navy; Surg. Gen. Rupert Blue, United States Public Health Service; Provost Marshal General Enoch H. Crowder, United States Army; Dr. Edward P. Davis, Dr. Franklin Martin.

Executive committee: Dr. Edward P. Davis, president; Dr. John D. McLean, vice president; Dr. Charles E. Sawyer, secretary; Col. Reuben B. Miller, United States Army; Surg. R. C. Ramsdell, United States

Navy; Col. James S. Easby-Smith, United States Army; Dr. Joseph Schereschewsky, United States Public Health Service; Dr. Emma Wheat Gillmore; Dr. Franklin Martin; Dr. F. F. Simpson.

Classification committee: Representing Army, Col. Reuben B. Miller, United States Army; representing Navy, Surg. R. C. Ramsdell, United States Navy; representing Public Health Service, Dr. Joseph Schereschewsky; representing Provost Marshal General, Col. James S. Easby-Smith, United States Army; representing Council of National Defense, Dr. John D. McLean; representing American Red Cross, Mr. W. Frank Persons; representing reconstruction activities, Col. Frank Billings, United States Army; representing hospitals, Lieut. Col. Robert L. Dickinson, United States Army; representing colleges, Col. H. D. Arnold, United States Army; representing civilian doctors, Dr. George David Stewart; representing women physicians, Dr. Emma Wheat Gillmore; representing war industries, Lieut. Col. F. F. Simpson, United States Army.

Committee on civilian needs: Dr. Edward P. Davis; Dr. Duncan Eve, Sr.; Dr. William Duffield Robinson; Dr. Charles E. Sawyer; Dr. George David Stewart.—*Official Bulletin*, Aug. 10, 1918.

CONTRACT SURGEONS—AN OPPORTUNITY FOR MEDICAL WOMEN

Council of National Defense, Medical Section

Washington, August 6, 1918.

From: Dr. Franklin Martin,
Member Advisory Commission.

To: Dr. Cora Smith King,
3015 Fourteenth St., N. W.,
Washington, D. C.

Subject: Request for Contract Surgeons.

1. Capt. J. A. Britten, Chief of the War Emergency Dispensary of Washington, informed this Committee some three days ago that he would have two vacancies in his department within the next week. In a further conversation with him this noon, he said that he would be glad to have a waiting list at his disposal, as there was a possibility that he would require several more women physicians in a similar position. They will receive appointments as contract surgeons with a salary of $150 per month. They will be on duty from 9 a. m. to 5 p. m.

(a) In accepting this position, either party will be at liberty to terminate their relations at the end of the first month. This in a measure is comparable to the Medical Officers' Training Camp, whereby men are honorably discharged in a few weeks'

time exempt from military duty if they cannot be utilized for service.

(b) A physician to be accepted for contract practice should be eligible for membership in the Volunteer Medical Service Corps.

(c) Her practice will be confined to young women and it is very essential that she should be in sympathetic touch with them.

(d) She must possess an adaptability that will permit her to adjust herself to new duties and surroundings, and to work amicably among her associates.

(e) She must have, in a very true sense, the mental attitude of the soldiers or officers in the Army which will permit her to submit to orders from a chief. The aim in all departments in Washington is to standardize, and no standardization is possible where each individual works out his or her individual problems.

(f) Actual living in Washington can be decently covered for from $100 to $125 a month.

(g) This is a rare opportunity for a woman who is possessed with patriotic enthusiasm and is willing to serve her country in this awful crisis regardless of rank or salary.

2. At the present writing, only those women are accepted as contract surgeons who are under 45 years of age. We shall be very glad to hear from you soon and to know that we have your co-operation in this matter.

By direction of Dr. Franklin Martin:

(Signed) **Emma Wheat Gillmore,**
Chairman, Committee of Women Physicians,
General Medical Board.

WHAT YOUR SUBSCRIPTION MEANS

When you subscribe to a Liberty Loan you subscribe to the sentiment that the world must be made safe for democracy and subscribe to the fund that is to make the world safe for democracy.

You subscribe to the belief that innocent women and children on unarmed ships shall not be sent to the bottom of the sea; that women and children and old men shall not be ravished and tortured and murdered under the plea of military necessity; that nurses shall not be shot for deeds of mercy, nor hospital ships be sunk without warning or hospitals and unfortified cities be bombed or cannonaded with long-range guns.

You subscribe to the doctrine that small nations have the same rights as great and powerful ones; that might is not right, and that Germany shall not force upon the world the dominion of her military masters.

WAR ACTIVITIES FUND

Statement of the Secretary-Treasurer

We are gratified with the result of our campaign for funds to keep up our war work. It is essential, however, that we continue this campaign until at least $5,000 have been contributed for that purpose. We already have a little more than half of that amount and as contributions are coming in daily we hope to reach two-thirds very soon. We must keep on until we have received it all. Many of the profession have been generous; all probably have given as freely as they felt they could afford, but we feel that there are probably some who would be glad and willing to give an additional amount. To all those we would say that we would appreciate an additional check at any time. It is also gratifying to read the sentiments of various members and so we have selected a few from the many to show how the profession feels relative to our work:

Dr. Reuel A. Benson, New York: "You only ask for as high as $25.00. . . . I'll take a chance on sending my check (check enclosed for $100.00). . . . It is just the kind of propaganda I am in for. . . ."

Dr. Charles E. Jarvis, London, Canada: "I am enclosing a small amount. . . . It is exceedingly gratifying to note the earnest efforts of the Institute members. . . . If all physicians contributed it should be trifling for each individual, if not, the rest of us will just have to make up the shortage."

Dr. H. G. Glover, Jackson, Mich.: "I wish my check were larger, but every little helps."

Dr. M. Belle Brown, Troy, O., (retired): "I am enclosing my check. I wish I were twenty years younger. You would find me volunteering for active service."

Dr. J. A. Campbell, St. Louis, Mo.: "I wish my check was more, but I have been spending so freely that it begins to hurt."

Dr. Geo. R. Critchlow, Buffalo, N. Y.: "I am applying for a commission. If not accepted, I'll do more for you later."

Dr. F. H. Howard, Strawberry Point, Ia.: "We are heartily in sympathy with the aims of your committee and wish you success."

Dr. B. F. Bailey, Lincoln, Neb.: "Trust the work will be useful and that you will have no trouble raising money."

Buffington's Pharmacy, Worcester, Mass.: "As we are heartily in accord with your undertakings we are much pleased to enclose herewith a check . . . to substantiate those views."

Dr. Cora Smith King, Washington, D. C.: "Consider Dr. Sawyer's work here a question of self-preservation for us individually and collectively. What he is doing for Homeopathy and for the war is stupendous in its scope."

Dr. Maria W. Norris, Grand Rapids, Mich.: "Wish I could make it bigger, much bigger."

Dr. Annie W. Spencer, Batavia, Ill.: "Am glad to send my little bit to aid in the work . . . for I know it is a good work."

Dr. Florence N. Ward, San Francisco, Cal.: "I am enclosing you my check. . . . Wish you every success in your splendid work."

Dr. D. A. Foote, Omaha, Neb.: "Good luck to you, doctor."

Dr. W. M. Honn, Champaign, Ill.: "I am sorry it is not more."

Dr. Corresta T. Canfield, Pittsburgh, Kan.: "I am very glad to contribute my bit to so worthy a cause."

Dr. T. W. Stephens, Pittsburgh, Pa.: "I am enclosing my mite. Would make it larger only I expect to go in soon."

Dr. M. J. Hill, Sterling, Ill.: "Enclosed find my check. . . . Hats off with three cheers and a tiger for Dr. Sawyer and his work."

Dr. Henry J. Dionysius, Kirkwood, Mo.: "Am enclosing my check to help the cause. . . . You certainly ought to get the $5,000 on the 'first call.'"

Dr. H. W. Miller, Chicago: "If you need more at a later date will try and help more."

Dr. Clifford Mitchell, Chicago: "My only regret is that I am unable to make it larger. The work Dr. Sawyer is doing deserves the unhesitating support of every member."

Dr. Chas. F. Brown, Racine, Wis.: "Sorry it is not more—mighty glad to give this . . . my heart sure goes with it."

Dr. C. W. Dewey, Conneaut, Ohio: "So here's for the grand, good cause that the mighty Sawyer is doing up so well. Call any time in an extremity."

ORGANIZATION DETAIL

OFFICERS OF FEDERATED SOCIETIES

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W. Kapp, Pres., San Jose.
E. Manning, Sec., 516 Sutter St., San Francisco.

COLORADO

garet H. Beeler, Pres., Denver.
. Bramley, Sec., 603 Majestic Bldg., Denver.

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vin Z. Westervelt, Pres., 578 Winthrop ve., New Haven.
A. Roberts, Acting Sec., Derby.

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Paul Lukens, Pres., 911 Washington St., Wilmington.
Q. Bullock, Sec., 835 Van Buren St., Wilington.

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C. Birdsall, Sec., 1832 Kalorama Rd.
ise Ross, Cor. Sec., 1731 Columbia Rd., W., Washington, D. C.

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odore Bacmeister, Sec. 4041 N. Keeler ve., Chicago.

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ry E. Koons, Sec., Penway Bldg., Indianapolis.

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es H. Adams, Pres., Wichita.
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n A. Hayward, Rec. Sec. In service.
rle E. Newton, Cor. Sec., Brewer.

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. D. Thomas, Sec., 330 No. Charles St., altimore.

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v. S. Calderwood, Sec., 233 Warren St., oxbury.

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gh M. Beebe, Gen. Sec. In service.
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nah Hurd, Sec., 717 Pillsbury Bldg., Minneapolis.

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C. Herbert Church, Rec. Sec., 128 Prospect St., Passaic, N. J.
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F. Margaret Peake, Sec.-Treas., Grand Forks.

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Herbert C. Waite, Sec., 1272 No. High St., Columbus.

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K. M. Kerr, Sec., Gage.

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Irvin D. Metzger, Sec., 810 Westinghouse Bldg., Pittsburgh.

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Martha B. Bates, Sec., 426 Brooks St., Providence.

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George I. Forbes, Sec., 215 Pearl St., Burlington.

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Garnette W. Johnson, Sec., Danville.

WASHINGTON

George W. Beeler, Pres., Cobb Bldg., Seattle.
Charles P. Bryant, Sec., 904 Cobb Bldg., Seattle.

WISCONSIN

Charles F. Browne, Pres., 211 6th St., Racine.
John E. Guy, 307 Grand Ave., Milwaukee.

THE STATE SOCIETIES ARE DIVIDED INTO THE FOLLOWING DISTRICTS:

States	Headquarters
District No. 1—Director, DeWitt G. Wilcox, M. D., Boston	
Maine	Pittsfield
New Hampshire	Laconia Tavern, Laconia
Vermont	Hotel Berwick, Rutland
District No. 2—Director, DeWitt G. Wilcox, M. D., Boston, Mass.	
Connecticut	Hotel Bond, Hartford
Rhode Island	Hotel Crown,, Providence
Massachusetts	Hotel Copley, Boston
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Pennsylvania	Hotel Penn, Pittsburgh
New Jersey	Hotel Monterey, Asbury Park
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Maryland	Hotel Emerson, Baltimore
District of Columbia	Hotel Raleigh, Washington
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Indiana	Hotel Severn, Indianapolis
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Wisconsin	Hotel Plankinton, Milwaukee
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North Dakota	Fargo
South Dakota	Sioux Falls
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Missouri	Hotel Baltimore, Kansas City
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Kansas	Topeka Hotel, Topeka
Oklahoma	Hotel Huckins, Oklahoma City
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*In service.

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iorado—David A. Strickler, Sec., Empire Bldg., Denver; E. B. Swerdfeger, Denver.

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New York H. R. Minton, Brooklyn; Melvin J. Stearns, Ogdensburg.

North Dakota—J. G. Dillon, Fargo; J. N. Ewbank, Rhame.

Ohio—Charles E. Sawyer, Marion; L. E. Siemon, Cleveland.

Oklahoma—W. L. Bonnell, Chickasha; O. R. Gregg, Waynoka.

Oregon—Herbert S. Nichols, 802 Corbett Bldg., Portland.

Pennsylvania—I. D. Metzger, 810 Westinghouse Bldg., Pittsburgh; Wm. M. Hillegas, Philadelphia.

Rhode Island—John H. Bennett, Pres., Pawtucket.

South Dakota—Charles A. Bower, Mitchell.

Tennessee—W. L. McCreary, Knoxville.

Texas—T. J. Crowe, Dallas; H. C. Morrow, Austin.

Utah—F. E. Straup, Bingham.

Vermont—G. I. Forbes, Burlington; Edward Kirkland, Bellows Falls.

Virginia—John L. Jennings, Danville.

Washington—Elmer D. Olmstead, Spokane.

Wisconsin—Fay T. Clark, Waupun; G. H. Ripley, Kenosha.

ALLIED SOCIETIES

Surgical and Gynecological Society. Henry A. Whitmarsh, President, 102 Prospect St., Providence, R. I.; Jos. H. Fobes, Secretary-Treasurer, 616 Madison Ave., New York City.

Obstetrical Society. Wm. W. Winans, President, 501 Professional Bldg., Rochester, N. Y.; G. A. Huntoon, Secretary-Treasurer, 515 Hippee Bldg., Des Moines, Ia.

National Society of Physical Therapeutics. Eugene Hubbell, President, 324 Bremer Arcade Bldg., St. Paul, Minn.; W. Franklin Baker, Secretary, 1425 Spruce St., Philadelphia.

O., O. and L. Society. Ira O. Denman, President, 424 Ohio Bldg., Toledo, Ohio; Neil I. Bentley, Secretary, 1159 David Whitney Bldg., Detroit, Mich.

College Alliance. Joseph P. Cobb, President, Heyworth Bldg., Chicago; Cornelia C. Brant, Secretary-Treasurer, 91 Macon St., Brooklyn, N. Y.

Association of Homeopathic Members of Examining and Licensing Boards. Irvin D. Metzger, President, 810 Westinghouse Bldg., Pittsburgh, Pa.; Frank A. Swartwout, Secretary, 12 Iowa Circle, N. W., Washington, D. C.

Congress of States. Scott Parsons, President, Wall Bldg., St. Louis, Mo.; Victor Washburn, Secretary, 822 Washington St., Wilmington, Del.

Southern Medical Association. H. M. Stevenson, President, 1022 Lafayette Ave., Baltimore, Md.; Frank A. Swartwout, Secretary-Treasurer, 12 Iowa Circle, N. W., Washington, D. C.

International Homeopathic Council. John P. Sutherland, President, 295 Commonwealth Ave., Boston, Mass.; E. Petrie Hoyle, Secretary, c/o Wells Fargo Bank, 4 rue Scribe, Paris, France.

The Meissen. Mrs. George G. Caron, President, 312 Kresge Bldg., Detroit, Mich.; Mrs. Wm. M. Honn, Secretary, 5 Neil St., Champaign, Ill.

MATTERS REQUIRING SPECIAL ATTENTION AND IMPORTANT THINGS TO BE ACCOMPLISHED—

1. Increased membership in local, State and National societies.
2. Better representation on State and National Health Boards.
3. Reasonable allotment of State Institutions.
4. Proportionate representation on Red Cross Boards.
5. Proportionate Commissions in Army and Navy.
6. Active part in Public Health Matters.
7. New classification of Colleges.
8. Standardization of Hospitals.
9. Federation of State Medical Examining Boards.
10. Execution of third step in federation plan.
11. Organizing new State societies.
12. Advancing Industrial appointments.
13. Caring for enlisted Colleagues' dependents, and looking after their business interests.
14. Aiding in reasonable preliminary Nurses' Training requirements.
15. Conjoined activities along all lines of Publicity, Prestige and Homeopathic Preferment.
16. Propaganda on a unified and broad scale.

We would remind you that these are all accomplishable objects providing each one does his part.

THE SPECIAL PURPOSE OF THIS DEPARTMENT IS—

A. Co-operation of all the Officials of the Federated State Societies and the Official Board of the A. I. H., with Medical Examining Boards, Council on Medical Education, Affiliated Societies and Special Committees.

B. A systematic plan of operation in which all will be requested and expected to unite.

C. Various resources of information, and where necessary quick action in all matters of Homeopathic interests.

D. A combination of forces with influence and prestige.

MISCELLANY

ANNOUNCEMENTS

Asbury Park, N. J., 1919

The Executive Committee announces Asbury Park, N. J., the place of meeting for the 1919 session, June 15 to 20.

Applications for Membership

The following applications for membership have been received and forwarded to the Board of Censors:

Bergstrom, Victor Wm., Hahnemann Hosp., Rochester, N. Y.

Frederickson, H. C., 2814 Ellis Ave., Chicago, Ill.

Lampkin, Herbert F., 4756 Kenmore Ave., Chicago, Ill.

Endorsed by Board of Censors and Entered on Membership List

Arnold, Ralph N., Greenfield, Ind.

Bassett, Lavern C., Farina, Ill.

Brooks, Arthur E., 237 W. 53rd St., New York, N. Y.

Brooks, Harry L., Metropolitan Hosp., New York, N. Y.

Crawford, Julia T. Hill, Metropolitan Bldg., Durin, Colo.

Elkind, Barnet, 265 E. Broadway, New York, N. Y.

Furry, Abe D., Metropolitan Hosp., New York, N. Y.

Gustafson, J. Eric, 2814 Ellis Ave., Chicago, Ill.

Hirrschoff, Ernest A. F., 513 12th St., College Point, N. Y.

Hornberger, August F., Rockingham Place, Rochester, N. Y.

Kamm, Adolph X., Jr., 618 W. Lincoln Highway, Mishawaka, Ind.

Meyer, Martin L. D., 2646 Calumet Ave., Chicago, Ill.

Ossip, Abraham, 218 E. 67th St., New York, N. Y.

Reynolds, Norman L., Warsaw, Ind.

Runnels, Burget, Main St., Milledgeville, Ill.

Strahl, Milton I., 372 Bainbridge St., Brooklyn, N. Y.

Turley, Vigo T., R. R. 1, Galveston, Ind.

Warren, Lee B., 1450 N. High St., Columbus, O.

Wilson, Milton J., 211 First Ave., Mount Vernon, N. Y.

Florida Board of Medical Examiners

The next meeting of the Florida Board of Medical Examiners (Homeopathic) will take place on October 22nd, 1918, at Jacksonville.

Dr. Geo. A. Davies, of Eastport, Secretary of the Examining Board, announces many openings for medical practice in Florida. Florida has no reciprocity with other states. Candidates are invited to communicate with the secretary.

Journals Wanted

Requests have been made for issues of February, 1917, J. A. I. H. Any member of the Institute having this copy and willing to contribute it for the sake of completing library files should send that information to the office of the JOURNAL.

A request has been made also for Transactions previous to 1870 and Transactions for the year 1890.

State Groups in V. M. S. C.

Group No. 1. Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut.

Group No. 2. New York, Pennsylvania, New Jersey, Delaware, District of Columbia, Maryland, Virginia, West Virginia.

Group No. 3 Michigan, Ohio, Kentucky, Indiana, Illinois, Wisconsin.

Group No. 4. Louisiana, Tennessee, North Carolina, Georgia, South Carolina, Florida, Alabama, Mississippi.

Group No. 5. Iowa, Minnesota, North Dakota, South Dakota, Nebraska, Montana, Wyoming.

Group No. 6. Missouri, Arkansas, Kansas, Oklahoma, Texas, Colorado.

Group No. 7. Washington, Oregon, Idaho.

Group No. 8. Utah, Nevada, California, Arizona, New Mexico.

CORRESPONDENCE

Physicians in Mining Communities

United States Fuel Administration
Washington, D. C., July 26, 1918.

Dr. Sarah M. Hobson, Editor,
JOURNAL AMERICAN INSTITUTE OF HOMEOPATHY,
Marshall Field Bldg.,
Chicago, Ill.

My dear Dr. Hobson:

My attention has been called to an editorial from the JOURNAL OF THE AMERICAN INSTITUTE OF HOMEOPATHY, June, 1918, calling upon physicians to make application for a commission in the Medical Officers' Reserve Corps.

This article stated that every man in the medical profession was now in a position to become a member of the Officers' Reserve Corps or the Volunteer Medical Service Corps, or he must be recorded as a slacker.

My attention has been called to the serious situation that such articles are creating in many mining communities consisting of fifteen hundred to three thousand people having only one physician located among them. These communities are isolated and no other physicians are available in many cases within several miles. These physicians in many instances are men who have located in

these communities soon after leaving college and are proficient in the class of practice common to such localities and it is very important that in such cases they remain in their communities. To take them away from such mining communities will seriously reduce coal production as the men will not stay where they cannot get medical attention promptly.

Upon taking this matter up with the Surgeon General, he calls our attention to paragraph 5 of the letter of the Surgeon General issuing a call to the American Medical Association under date of April 3:

"It is earnestly desired that the interests of the civil communities be conserved as far as possible and that no enlistments in the Medical Reserve Corps be made that would work serious hardship upon any community, manufacturing concern or other civil activity by taking from such community, manufacturing concern, or other civil activity, physicians whose services are needed for the efficient and competent care of the civil population or the employees of large concerns."

The editorial mentioned appears to me to be contrary to the wishes of the Surgeon General and I feel that, to properly inform physicians in the mining communities as mentioned, a statement should be made in your paper in line with paragraph 5 of the Surgeon General's letter of April 3.

I feel sure you will realize the necessity of this and its importance as it relates to the production of coal, and your co-operation will be appreciated.

Very truly yours,

United States Fuel Administration,

(Signed) **James B. Neale,**

Director of Production.

Reply

July 30th, 1918.

United States Fuel Administration,
Mr. James B. Neale, Director of Production,
Washington, D. C.

Dear Sir:

Your letter of July 26th lies before me, calling attention to an editorial in the JOURNAL OF THE AMERICAN INSTITUTE OF HOMEOPATHY, June, 1918.

The physician making a complaint has evidently misunderstood or only read superficially. In the same JOURNAL, on pages 1483 and 1484, is an editorial on "The Volunteer Medical Service Corps," setting forth:

"For membership in the Corps such physicians are eligible as would be accepted in the Medical Reserve Corps of the Army were it not for physical disability, over age, essential public need, essential institutional need, or dependents."

The men of whom you speak are obviously included in the phrase "essential public need."

This same proposition is cited again in the same JOURNAL on page 1567 in the phrase "essential home community need."

The fundamental purpose of the Volunteer Medical Service Corps was set forth in the March JOURNAL, page 1060.

The paragraph which you quote from the Surgeon General's letter to the American Medical Association is identical with that which we published in our May JOURNAL, page 1426, the letter from Surgeon General Gorgas to the American Institute of Homeopathy, and, again, in the May JOURNAL, page 1365, the letter from Surgeon General Gorgas to the JOURNAL, emphasizing the "supreme demand" for medical officers.

When war was declared, we placed our organization, the American Institute of Homeopathy, its affiliated societies and its JOURNAL, the JOURNAL OF THE AMERICAN INSTITUTE OF HOMEOPATHY, at the disposal of the United States Government. We proposed to utilize our JOURNAL in every way possible to support the Administration. We are in full accord with the United States Fuel Administration and utilize space whenever practicable to endorse the work of this department. (See the J. A. I. H., June, 1918, page 37, and July, 1918, page 37, of the Advertising Department.) We realize the necessity of this work so keenly that it will be a pleasure to utilize your communication, with your permission in the September issue in order to clarify any possible misunderstanding through superficial reading.

Please give permission to utilize communication of yours under date of July 26th.

Cordially yours,

(Signed) **Sarah M. Hobson,**
Recording Secretary and Editor.

Reply

United States Fuel Administration
Washington, D. C., August 1, 1918.

Dr. Sarah M. Hobson,
Editor JOURNAL OF THE AMERICAN INSTITUTE OF HOMEOPATHY,
22 East Washington St.,
Chicago, Ill.

My dear Madam:

Please accept my thanks for your favor of the 30th.

It will be very much appreciated by me if you will in your September issue, as suggested, endeavor to clarify any possible misunderstanding through superficial reading.

Please accept my sincere thanks for your prompt co-operation.

Very truly yours,

U. S. Fuel Administration,
(Signed) **James B. Neale,**
Director of Production.

[The Editorial department and the department of Organization contain several articles clarifying the status of the medical profession, the war and home needs. Editor.]

Under Date of May 28, 1918,—French Front

Extract from personal letter to Dr. H. B. Baker, Natural Bridge Station, Va.:

Presume you have been following the course of events since the 21st of March very closely. I was thro' the whole of both shows; the one on the Somme, and the one in the north. They were the two biggest battles in history. I was in the first battle 14 days, out two days, and then back again for 12 days in the second. When it was over, my Battalion (I'm a regimental M. O. now) came out for 4 weeks rest, and now we are back in the line in a fairly quiet sector.

The boche is dropping a few shells around my Aid Post this morning—two have just lit quite close. At present I'm living in a palatial dugout, with (there's another shell closer yet) an iron bedstead, springs, mattress and sheets, electric lights, stove, and, in fact, all the comforts of home.

It is a remarkable fact that at no time during either of the two big battles were we short of rations, and in ordinary "peace warfare," i. e., trench warfare, we live on the fat of the land. Even such things as ale, beer, wine and whiskey, we have very little trouble in getting.

After the third day of the second battle, I was the only medical officer left in our brigade, one killed and one wounded. I had three bullets thro' my overcoat, was "shelled" out of several different Aid Posts and came thro' without a scratch.

This morning he is giving my neighborhood entirely too much attention. I'm safe enough in my dugout, but I hate his high explosive shells.

So far, I have had no trouble with any nerves, but his shells are rather trying. I often wonder what it must be like on his side, as I believe that both British and French artillery are very superior to that of the boche.

He has one good gun, the 5.9 inch, commonly called "five-nine." He uses it for everything,—field gun, high velocity, (for long distance) high explosive, etc.

Have received two or three copies *Literary Digest* which you were so kind as to send. I enjoy them very much, as our one great shortage is reading matter.

June 1, 1918.

Had to stop off at this point as we were on the march again, have just now an opportunity to finish. From the papers I see the boche has made some advance at Soissons. If he advances much, poor old Paris, I'm afraid, will be like Rheims, Ypres, and a hundred other towns.

M. B. Coffman.

Is It a Blessed Privilege to Study Medicine?

Chicago, July 29, 1918.

To the Journal of the American Institute of Homeopathy:

In the effort to raise the standard of medical education to the point where one must be a medical scholar as well as a

doctor, the various councils, boards, and faculties appear to have either overlooked or disregarded one highly important point, namely, the fact that there are other good occupations, occupations quite as honorable and well thought of as medicine. If the practice of medicine in itself, by virtue of the degree of M. D. conferred, upon every one acquiring this degree, a peculiar eminence, position, or profit, then the various councils, boards, and faculties might logically insist upon Cornelius Nepos and integral calculus as part of the culture demanded of the person who should be intellectually fit for healing the sick. But so far as we are able to observe the doctor acquires eminence or profit chiefly as the result of the happy combination of many circumstances, which combination is remarkable mostly for its rarity of occurrence. Hence, when a young person is solicited as a student of medicine he naturally hesitates, owing to the fact that competitors of ours present to him the possibilities and advantages of other occupations, while our own councils, boards and faculties are very busy in pronouncing "Thou shalt not." That is to say, it is easy for a young man to find out what he can do in any number of trades or occupations, but the only easy thing for him to find out about medicine is, that the degree of M. D. is hedged about with a Chinese Wall of requirements and the practice of medicine tied up in endless red tape. Out of a class of 125 graduates from a certain high school near where the writer lives, inquiry was unable to reveal one graduate who was bent upon studying medicine. The reasons for this are so very obvious to all save those of one idea that further discussion is unnecessary.

Clifford Mitchell, M. D.

Quinine and Malaria

August 14, 1918.

To the Journal of the American Institute of Homeopathy:

There are those within the ranks of the homeopathic school, and, unfortunately found in some of our college faculties, who believe and preach the doctrine that quinine is a prophylactic and specific for malaria, and who go so far in their madness as to say that anyone who disputes this is—well, he is hopelessly idiotic.

In the May issue of the *British Medical Journal* is an article by Capt. C. H. Goldthread of the British Army medical service entitled "The Prophylactic Use of Quinine in Malaria: With Special References to Experiences in Macedonia." Among other things the writer says that evidence points to the fact that the number of cases in which the natural resistance was reinforced by taking quinine was very limited; that he has come across no evidence which leads him to suppose that quinine is any more efficient in preventing a relapse than in aborting the initial attack; that examples taken from literature

would seem to indicate *that quinine may have an adverse effect on the general course of malaria*, and so far as the allied armies in Macedonia are concerned, there is every reason to suppose that quinine taken daily over periods of months has *increased the severity and chronicity of the disease* in a certain proportion of cases; that taking one thing with another, the available evidence indicates that in Macedonia, at any rate, the disadvantage of quinine prophylaxis outweigh the advantages.

All of which everyone who knows the first thing about the principle of Similia knows to be true and knows why it is true. One wonders how much longer it will take and how much more evidence of this kind will be required to bring our would-be homeopaths to their senses. How much longer are they going to continue with this "specific" nonsense? Are the men who are in control of the homeopathic base hospitals going to imitate such a method of treatment when dealing with malaria? or are they going to treat their patients in accordance with the principles which they profess? We shall eagerly await their reports. **Philip Rice.**

BOSTON UNIVERSITY SCHOOL OF MEDICINE

For ten years the problem of a closer amalgamation between the Boston University School of Medicine and the University organization has been before the respective officers. The Medical School has emphasized at all times the highest standards required by the most exacting critics. The faculty has maintained consistently such standards. The University has the advantage of an alumni trusteeship, which serves to make the business organization more pliable than sometimes obtains with boards otherwise elected.

Last December, President Murlin made the request, both of Dean Sutherland and of Dr. Briggs, Chairman of the Trustee Standing Committee of the Medical School, to seriously face present day "problems," "policies and methods." President Murlin's specific request was thus phrased: "Without departing in the least from the fine ideals and spirit in which our school was born, and in which it has lived its whole life of most useful service, and without teaching any less of homeopathy, do not present conditions warrant you in enlarging your educational program so as to include instruction in all that is offered in a so-called 'regular' school, as well as in homeopathy? And would it not be well to drop the word 'homeopathy' as a distinctive phrase in our school or as indicative of a slant in our scientific method and outlook? . . . Your decision must be made according to the good judgment of the governing faculty and their co-laborers."

As a result of repeated conferences of the finance committee, conferences of the governing faculty and communications with the full faculty and the alumni, the decision was to maintain the school without specific homeopathic classification. The following official announcement is made by Dr. J. Emmons Briggs,

Chairman, Committee on Reorganization: "Reorganization completed. Upon our request, we have obtained non-sectarian classification by council of medical education. Didactic courses in regular pharmacology and therapeutics will be given by able teachers of dominant school. Clinical instruction at City Hospital and Robert Brigham Hospital. Teaching of Homeopathy will be continued."

AMERICAN MEDICAL EDITORS' ASSOCIATION

Chicago, June 11, 1918

From the Report of the Secretary, J. MacDonald, Jr., M. D.

The following Resolution was unanimously passed and it is earnestly hoped that every member of this Association will lend his undivided aid in its promulgation.

"Firm in our belief of winning the war in conjunction with our valiant Allies, yet fully realizing the necessity and need for an adequate medical corps both as to numbers and training,

"Be it resolved:

"First: We pledge our renewed effort to Surgeon General Gorgas of the United States Army, and to Admiral Braisted, Surgeon General of the United States Navy, and to the Medical Section, Council of National Defense, in that our pages are open to unlimited editorial space for properly approved copy in which to bring before the medical profession of the United States the needs of these most important departments.

"Second: That an Editorial War Committee be appointed by the Chairman, composed of H. Edwin Lewis, Editor of *American Medicine*, New York; D. E. de M. Sajous, Editor of the *New York Medical Journal*, and the President and Secretary to prepare copy and to energetically carry on this work.

"Third: That this Association contribute a sum of money in addition to the appropriation made by this Society at its session, June 10th, 1918, limited only to the resources of this Association the expenditure of the amount to be decided by the Executive Committee for carrying on this propaganda of education and aid.

"Fourth: That the editor of every medical journal in the United States be invited and encouraged to participate in this very necessary work.

"Fifth: That copies of this Resolution be sent to W. C. Gorgas, Surgeon General of the U. S. Army, to Admiral Braisted, Surgeon General of the U. S. Navy, and to the Medical Council of National Defense."

The Association approved the propaganda carried on by the Secretary in aid of the Surgeon General's Office in securing additional applicants for the Medical Reserve Corps, and a letter was read from the Surgeon General expressing appreciation of the aid rendered.

On recommendation of the nominating committee, the officers of 1917-1918 hold over for 1918-1919.

GENERAL NEWS

California. Dr. Florence Ward took a week's vacation of motor travel through the middle and northern part of the state and utilized the opportunity to speak before women's clubs where friends would arrange meetings to hear her report of the Women's Hospital Unit.

Colorado. Dr. Harmon Tremaine of Denver has assumed the practice of Lieut. E. B. Swerdfeger at Denver, who is now with the American Expeditionary Forces overseas. Dr. Tremaine is devoting his efforts exclusively to internal medicine and obstetrics.

Dr. James P. Willard was toastmaster of the Colorado State Society meeting in June, instead of Dr. Peck, as announced in the July JOURNAL.

Illinois. Chicago Hahnemann has established a course in Military Medicine. This will comprise one hour each week, didactic work and will include military lectures from such officers as Major Stanton, Colonel Klein, Major White and Major Collins. The subjects will include "Organization of Medical Department," "Duties of Medical Officer" and "Sanitary Tactics." The week of August 12th the juniors and seniors were at Camp Logan for practice. The College is pleased with the report from the July examinations before the State Board. Every member of the 1918 class passed the State Board examination with an average of over 85%, while in the practical examination in medicine several stood 100%.

Commissions and other war service have changed the status of several Chicago physicians. Dr. Kahlke has been made a Major and sent to Camp Custer. Drs. Harry Wright and H. H. Merrell are Captains. Dr. Cameron and Dr. Appleman have been assigned to civilian relief in France. Dr. Frank Wieland has accepted special work in the cantonments in G-U work. Dr. Haseltine and Dr. Sowers are weighing needs of college and army service.

Members of the faculty of the Hahnemann Medical College in service in the Army, Navy or Red Cross, are as follows: Drs. C. E. Kahlke, Peter S. Clark, Gilbert FitzPatrick, Anson Cameron, C. A. Harkness, Vernon M. Jared, R. A. Melendy, Paul M. Oliver, Leonard Manning, E. A. Moulton, J. W. Cornell, J. F. Wharton, A. Sowers, E. E. Wilcox, J. F. Boone, R. W. Klaus, R. F. Knoll, J. H. Appleman, A. C. Conrad, J. J. McDermott, H. E. Vander Bogart, P. Sarma, P. E. Miller, B. H. Huggins, M. H. Wilkinson, W. L. Sachleben.

Of these, Dr. E. A Moulton has been honorably discharged on account of physical disability. Drs. FitzPatrick, Melendy, Oliver, Manning, Sowers, Wilcox and Klaus have been commissioned but not called.

Dr. Blackwood, president of the Illinois Homeopathic Association, announces the following bureau chairmen: Hom-

eopathy and Materia Medica, Dr. Geo. E. Dienst; Clinical Medicine, Dr. S. H. Aurand; Public Health, Dr. G. M. Cushing; Gynecology, Dr. T. H. Plank; Surgery, Dr. D. D. Culver; Obstetrics, Dr. J. W. Calvert; Pediatrices, Dr. Agnes V. Fuller; Ophthalmology, Otology, Rhinology and Laryngology, Dr. Geo. M. McBean. Dr. Wm. E. Boynton has been made business manager. The society has been incorporated. The secretary, Dr. Theodore Bacmeister, is busy with details of records and will have the new constitution and by-laws printed.

The Home Service Medical Section of the Chicago Chapter, American Red Cross, comprise the following Chicago physicians: A. Augustus O'Neill, Chairman; E. Wyllys Andrews, Arthur Dean Bevan, Frank Billings, Allen B. Kanavel, A. L. Ochsner, Wm. E. Quine, Thomas E. Roberts, Jos. P. Cobb, A. M. Corwin, John M. Dodson, Jacob Frank, L. L. McArthur, John A. Robinson, Heman Spalding, S. C. Stanton, D. A. Steele, Clarence Wheaton.

After co-ordinated work of over a year the applications for relief have increased to over fifty daily. It is not the intention of this committee to replace the family physician who is competent, but to supplement with more expert advice and to provide the best surgical skill for the families of soldiers. The *Bulletin* of the Chicago Chapter thus phrases its explanation of the remarkable record that no surgical case has resulted fatally, no parturient mother or new-born child has died: "The layman in seeking medical advice or surgical skill can seldom correctly differentiate between the claims of different physicians and surgeons. The Medical Section Committee is much more competent to choose for the dependents of soldiers and sailors the medical and surgical skill they need than they would be themselves. Often not one physician alone, or not even one staff of physicians, is consulted, but many different experts, often of different staffs, according to the exigencies of the case, and the harmonious way all physicians, surgeons and adjunct agencies have worked together in order to secure the best results for the patient is deserving of great praise." Eleven hundred physicians in the Chicago district have volunteered their aid and seven hundred dentists are doing volunteer work to put grinders in order. Every case is investigated as to its legitimate right to service and trained social service is being given.

The forty-seventh annual report of the Foundlings' Home in Chicago records 193 babies cared for, with a mortality rate of 3%. This is greatly to the credit of the physicians, Dr. Harriet Howe and Dr. C. A. Weirick, who are responsible for the medical service rendered. The year's budget is something over $11,000. The modest report says, "We have been able to assist the Red Cross somewhat in caring for their cases and stand ready to do still more." It has been the policy of the

Home at 15 South Wood St., ever since its establishment by Dr. Shipman, to employ no solicitors, no advertising propaganda. It is hopelessly old fashioned in its faith in the simple appeal of forlorn motherhood and bereft infancy.

The Chicago Board of Health *Bulletin* for August 10th reports the revised mortality lists for the years 1916-1917. The "most satisfactory showing" is that deaths under one year of age decreased 250. That is not much of a record considering the amount of printer's ink spent in health propaganda over the country and the salaries paid health officials.

Dr. Mary F. McCrillis, Evanston, has been re-elected as Girls' Physician to the New Trier High School; work begins September 9th and lasts throughout the month, and includes general medical inspection of the girl students.

Dr. A. J. Weirick, Marseilles, Ill., has received a commission of Lieutenant and is stationed at Camp Greenleaf, Chickamauga Park, Ga. Lieut. Weirick reports hard work and a corresponding enthusiasm.

Lieut. Theodore Miller, M. R. C., attached to Headquarters Hospital Train No. 61, A. E. F., France, was promoted to a Captaincy in July.

Dr. Vigo T. Turley announces change of address from Galveston, Ind., to Sprague Bldg., Bement, Ill.

Dr. H. E. Pintler announces change in address to 311 Indiana Avenue, Peoria.

Dr. R. A. Melendy, Treasurer of the Hahnemann Alumni, issues a good bit of publicity under the title, "Stop—Look—Loosen." The Alumni Association needs the money, but more than that appreciates the concrete demonstration of loyalty to Alma Mater by prompt payment of dues.

The American Association of Orificial Surgery will meet at the LaSalle Hotel, September 16, 17 and 18.

Massachusetts. Lieut. Harold W. Ripley, Base Hospital 44, announces permanent mailing address 175 West St., Braintree, Mass.

Michigan. Mrs. Stephen H. Knight of Detroit was hostess recently to a group of Detroit women who organized The Women's Homeopathic Society of Michigan. The purpose of the organization is to encourage young men and women to study medicine and to make their efforts practical by giving financial aid when necessary. These women, most of them members of doctors' families, realize there is no investment better than youth well trained. They have seen the advantages and the hardships of medical practice first hand. It is rare that excess of successful work with freedom from financial anxiety kills. They would supply that which makes medical service a pleasure. The officers are: Mrs. Stephen H. Knight, President; Mrs. Frank Kelly, First Vice-President; Mrs. Glover, of Jackson, Second Vice-President; Mrs. D. A. MacLachlan, Third Vice-President; Recording Secretary,

Mrs. Charles G. Crumrine; Corresponding Secretary, Mrs. C. H. Burton; Treasurer, Mrs. James I. Murray.

The marriage in Ann Arbor is announced of Lieut. John J. McDermott and Miss Margaret Louise Feiner. At home after September first, Patchogue, Long Island.

Dr. F. C. Thornburgh, of Alma, is spending his vacation in Macon, Missouri.

Dr. C. B. Stouffer of Ann Arbor is getting a holiday at Topinabee, Michigan.

Minnesota. Dr. P. M. Hall of Minneapolis was appointed temporary superintendent of the Minnesota Sanatorium for Consumptives when Dr. Beach resigned. Dr. Hall has now accepted the superintendency and moved to Walker August 1, after having practiced in Minneapolis for thirty-six years.

Lieut. R. C. Lowe of Fairmont has been transferred from Mineola, N. Y., to Fairfield, Ohio.

Lieut. H. I. Twiss of St. Paul has been transferred from Fort Riley, Kan., to Fort Sill, Okla.

Capt. A. G. Moffatt of Howard Lake has been ordered to Fort Sheridan, Ill.

Nebraska. Dr. Everett B. Finney announces removal to 802 Security Mutual Life Bldg., Lincoln.

New Jersey. The New York *Sun* tells a story of two New Jersey men, which probably can be duplicated in every state. That is why we are proud of our men over there. The first is of Capt. William H. Condon from New Brunswick: "The front line trenches had been demolished, flattened by heavy bombardment, but, not waiting for the wounded to be brought to the dressing station, he went to the front line, within 300 yards of the Germans. There he worked rapidly, bandaging and giving antitetanus injections until every wounded man had been properly cared for." The second is the story of a young lieutenant, Wardlaw Miles of Princeton, a significant act of leadership: "When the boches were making a heavy attack with a gas projector, which was dropping canisters charged with deadly gas along the whole front held by his platoon, Lieut. Miles, in order to supervise his men, jumped upon the parapet and walked along the top as coolly as if strolling along 5th Avenue, speaking quietly to his men and telling them what to do."

Dr. F. F. Moore of Camden has been appointed Assistant Surgeon, U. S. N., Lieutenant, Junior grade. His home mailing address will be 898 Mt. Ephraim Ave., Camden, N. J.

Dr. Gilbert FitzPatrick, First Vice-President of the Institute during the coming year, and Acting President if Major Dearborn remains abroad, was recently the guest of Dr. J. H. Bryan at Asbury Park. The New Monterey has been made the choice for the 1919 session, war conditions permitting. The Monterey will furnish admirable accommodations for the sessions and the Atlantic shore is always an attraction in the

summer months. The lighting of the Boardwalk has been under investigation. Since the power is utilized from the exhaust from the engines heating water for natatorium tub baths and pools, the continuance of lights was permitted.

New York. The big United States Base Hospital on Staten Island will be a huge clearing house for returning sick soldiers. There will be experts in every department of medicine to pass upon the treatment demanded in order to give the returning men the best possible chance of restoration to normal health. The housing comprises single rooms and wards of three to sixteen beds. The kitchen will be directly under the supervision of physicians and dietitians, a favorable change from the frequent supervision of a finance committee whose chief motive appears to be the minimum expenditure of money per patient. The elimination of man power in service will be met whenever possible by electrical and mechanical devices.

The Gray Samaritans, an order of young women of Rochester, have completed a course in first aid under the instruction of Dr. Marcena Ricker, and have entered the Homeopathic Hospital for a special course preparatory to going to Poland for nursing and reconstruction work. The young women are all of Polish descent and speak that language. Countess Laura de Turcyznowicz is supervising the movement in this country.

Miss Julia Littlefield, superintendent of the Homeopathic Hospital in Albany; Lieut. Charles Muir, formerly of the Canadian Army, and Dean Ordway of the Albany Medical College made a direct appeal for nurses at a recent meeting marking the close of a four days' county campaign. Forty-six enlistments were made on the first day.

The Board of Regents of New York in their audiences to the alumnae of the New York Hospital and College for Women have been most generous in their attitude toward this institution. They have asked for financial statement from the present board of trustees. If the present board of trustees or another board can show that they can keep the college in existence and maintain it and the hospital, the Board of Regents will endorse such activities.

Health Commissioner Copeland of New York City and Major Smith of the U. S. Public Health Service inaugurated a campaign recently to enforce the regulations governing the thorough cleansing of glasses and utensils in eating and drinking places of New York City. The movement was inaugurated in behalf of the protection of soldiers, sailors and others in the service of the United States, in order to prevent communicable diseases, especially diphtheria.

Dr. C. A. Brown, 155 Halsey St., Brooklyn, is in overseas service as Lieutenant Colonel of the 301st Sanitary Train, 76th Division, M. C. N. A., U. S. A.

Dr. Irving P. Withington announces change of address to 616 Madison Ave., New York City.

Dr. Harold A. Foster announces change of address to 204 West 55th St., New York City.

Dr. C. G. Steinhauser of Rochester has received commission of Lieutenant in the Medical Reserve Corps and is ordered to the Bellevue Hospital, New York City.

Ohio. The Chamber of Commerce at Springfield held an interesting meeting in July on the subject of the medical profession in war. Dr. Thos. A. McCann of the Ohio State Examining Board spoke particularly of the opportunity for physicians who could not enter the Reserve Corps to enlist in the Volunteer Medical Service Corps. Dr. J. E. Hunter spoke for the Medical Reserve Corps. Dr. L. G. Bowers declared it entirely possible for a man and his family to live on his pay as a medical officer, even for the first lieutenant with $2,000 a year, $432 additional, if he has dependents, and a 10 per cent increase for overseas service.

The City of Akron is ruling that the head of the family must report suspicious cases of contagious disease if a physician is not called. The City will give medical attention if the family can not afford to pay a doctor.

Dr. H. L. Wells of Cambridge, Ohio, has received his commission as First Lieutenant. Dr. Wells is associated with L. C. Wells, M. D., and R. C. Wells, D. D. S., a trio of medical and dental efficiency.

Dr. M. P. Motto of Cleveland has accepted a commission for Lieutenant and is stationed at Camp Custer, Battle Creek, Mich.

Dr. Claude A. Burrett has been driven out of Columbus by the heat and is taking a vacation at Whitmore Lake, Michigan.

Dr. W. G. Weiss announces change of location from Cleveland to Bath.

Oregon. The Liberty Hospital of Portland is in a fair way to completion. The names of Jefferds, Nichols and Breuer are mentioned in the local press as actively engaged in the financial campaign. The plan is to complete a five-story modern hospital building, representing a value of $600,000.

Pennsylvania. Dr. Webster Calvin, Hollidaysburg, Penn., was promoted to Lieutenant Colonel April 1st, 1918. He is commanding officer of the 303d Sanitary Train, which comprises four ambulance companies and four field hospitals.

A cable from Liverpool announces the death from pneumonia of Lieutenant W. J. Martin, of Pittsburgh.

Dr. S. W. Sappington announces change of address to 1327 Spruce St., Philadelphia.

The new Nurses' Home at the Homeopathic Hospital in Philadelphia was recently opened.

Rhode Island. The International Hahnemannian Association held its 39th annual meeting at the Revere House, Narragansett Pier, in June. War conditions modified the attendance, but the meeting was characterized by good fellowship and an interesting program. Dr. Theo. H. Winans of

Mexico, Mo., the President, gave an address, "Life Force." Other papers were given by Drs. G. B. Stearns of New York and K. A. McLaren of Toronto, Canada. Drs. Philips E. Krichbaum and Henry L. Houghton guaranteed the publication of the transactions. The officers for the ensuing year are: President, Guy Beckley Stearns; vice-pres., K. A. McLaren; sec.-treas., Wm. W. Wilson of Montclair, N. J.

Virginia. Dr. Harry B. Baker, who has been recuperating at Natural Bridge Station during the past year, reports a marked improvement and the hope that he will be in condition eventually to get back into practice.

Visitors at the Institute Offices. Geo. E. Dienst, Aurora, Ill.; C. A. Murphy, Lansing, Mich.; N. L. Reynolds, Warsaw, Ind.; Capt. E. I. Woodbury, Burlington, Ia.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1917.

	Moved to
Baird, Charles W.	Medicine Park, Okla.
Campbell, Robert A.	1124 Investment Bldg., Los Angeles, Cal.
Duckworth, Roy D.	20 Church St., White Plains, N. Y.
Duckworth, Willard D.	20 Church St., White Plains, N. Y.
Ewing, Homer H.	Willard, Ohio.
Finney, Everett B.	802 Security Mutual Life Bldg., Lincoln, Nebr.
Foster, Harold A.	204 W. 55th St., New York, N. Y.
Hammel, Harry H.	1389 Townsend Ave., Detroit, Mich.
Harbach, Lucy M. Busenbark.	308 Flynn Bldg., Des Moines, Ia.
Hoover, Clayton E.	1033 Main St., Fitchburg, Mass.
Jones, Harry G.	712 W. North Ave., Baltimore, Md.
Junkermann, U. Z.	Sugar Grove, Ohio.
Kamm, Adolph X., Jr.	82 E. Concord St., Boston, Mass.
Kerr, Kate M.	2 A St. S. W., Miami, Okla.
Kistler, John D.	7203 Race St., Pittsburgh, Pa.
McLaughlin, English N.	265 Adams St., Newton, Mass.
Moore, Frank F.	898 Mt. Ephraim Ave., Camden, N. J.
Newcomb, Bessie N.	893 Woodward Ave., Detroit, Mich.
Pintler, Hiram E.	311 Indiana Ave., Peoria, Ill.
Ripley, Harold W.	175 West St., Braintree, Mass.
Sappington, Samuel W.	1327 Spruce St., Philadelphia, Pa.
Schwartz, F. Adele	21 Loveman Bldg., Chattanooga, Tenn.
Shander, Michael.	236 E. 6th St., New York, N. Y.
Smith, Edwin W.	19 Bay State Rd., Boston, Mass.
Stephens, Thos. W.	8032 Jenkins Arcade, Pittsburgh, Pa.
Turley, Vigo T.	Sprague Bldg., Bement, Ill.
Weiss, Wilbur G.	Bath, Ohio.
Williams, Chas. C.	624 Warrington Ave., Pittsburgh, Pa.
Withington, Irving P.	616 Madison Ave., New York, N. Y.
York, Charles E.	Metropolitan Hosp., New York, N. Y.

AMERICAN INSTITUTE OF HOMEOPATHY
BUSINESS SESSION, JUNE 16-22, 1918

Statler Hotel, Detroit, Michigan

Monday, 9:00 A. M., June 17, 1918

Called to order by the President, John M. Lee.

President Lee: I have the pleasure to announce that we are in session, and ready to proceed with our program of the Seventy-fourth Annual Meeting of the American Institute of Homeopathy.

Dr. Florence N. Ward, 1st Vice-President, presided during the reading of the President's Address. [Published in the J. A. I. H., July, 1918.]

Vice-President Ward appointed Drs. John P. Sutherland, Claude A. Burrett and Eugene L. Mann, Committee on the President's Address.

On motion of Dr. Cobb, duly seconded, ordered that the Order of Business as prepared in the official program be approved.

The Secretary announced the following appointments to fill vacancies on committees: Board of Censors,—Eugene L. Mann and Henry C. Aldrich; Resolutions,—J. Richey Horner, T. A. McCann, W. A. Dewey, T. H. Carmichael.

Communications

Philadelphia, Pa., June 16, 1918.

The American Institute of Homeopathy:

Congratulations on opening the Seventy-fourth Annual Meeting of the Institute. Best wishes for complete success of present administration. Divine federation one hundred per cent efficient. Greatly regret I cannot be with you.

William W. Van Baun.

Dear Dr. Hobson:

Your letter and the program were forwarded to me.

The unit here is living in constant expectation of early departure and various sources of information agree that orders are more or less imminent. At least that seems to be the "K. O.'s" view and, as the responsible dispenser of passes, he governs himself accordingly. I should be vastly pleased if my application for leave to go to Detroit were granted, but I am very skeptical about any such happy event coming to pass.

With best wishes for a successful meeting and with my most cordial remembrance, I am,

Sincerely yours,

Sanford B. Hooker.

1st Lieut., M. R. C., Base Hospital 44, Camp Dix, N. J.

July 11, 1918.

Mt. Clemens, Mich., June 12, 1918.

To the Honorable Homeopathic Physicians, Officers, and Members of

the American Institute of Homeopathy, and the Homeopathic Medical Society of the State of Michigan, in session at the Hotel Statler, Detroit, Michigan—Greeting:

Inasmuch as my father, Abner Hayward, M. D., late of Mt. Clemens, Michigan, was a member of both of your honorable societies, and was heart and soul in active sympathy with, and an ardent adherent to the true principles of homeopathy, throughout his long and successful practice of medicine over half a century, I feel it incumbent on me to give formal notice to you, his honorable associates, of my father's decease. He passed away from this life, and its activities, October 23, 1917, at the age of eighty-seven years.

Dr. Abner Hayward graduated from the Cleveland Homeopathic College of Medicine in the class of 1866. He was elected member of the American Institute of Homeopathy at Niagara Falls, New York, June 10th, 1874, and later became a member of the Homeopathic Medical Society of the State of Michigan. He practiced homeopathy in Romeo, Michigan, until 1871, when he came to Mt. Clemens, Michigan, and bears the distinction of being the first physician to use and demonstrate the curative value of the Mt. Clemens mineral waters in the treatment of various diseases. At the time (in the early seventies) Dr. Hayward was the only homeopathic physician in Mt. Clemens and it was not until about two years later, after he had secured many wonderful cures, that the first Mineral Bath House was built here for general bathing purposes. Since that time to the present day Mt. Clemens and its world famous mineral waters need no introduction.

Very respectfully,

F. Harold Hayward.

Announcements

Dr. Cobb: The representatives of the College Alliance will meet with General Noble at 12 o'clock today, following the trustees' meeting. General Noble has requested this conference.

Dr. Sawyer: Arrangements have been made for the examination of applicants for the Medical Reserve Corps in Parlor C. Through the courtesy of the Surgeon General's office, as authorized by General Noble, we have four of our own men making these examinations: Dr. H. E. Beebe of Sidney; Dr. H. O. Hodson, Washington Court House; Dr. J. A. Ferree of Columbus; Dr. H. F. Staples of Cleveland. We had hoped to have Major Hugh M. Beebe and Lieut. Carleton A. Harkness, but the demand on their services are such that they will not be able to be here.

Every one within the age limit should take advantage of this particular opportunity and be examined for the Medical Reserve Corps. You will never have a more favorable opportunity than during this meeting. This examination will be conducted from day to day during the session. This is our opportunity. Shall we take advantage of it, or shall we miss it? It is up to you.

Report of Local Committee

On behalf of the Local Committee permit me to say that to prepare for the coming and entertaining of the American Institute of Homeopathy has been a real pleasure, and has served to bring into closer fellowship the members of our profession here in Detroit.

On being apprised by our President of my selection as Chairman of the Local Committee, I requested the officers of our local Society to call a meeting of the entire homeopathic fraternity, and formally take under its control the preparation of this meeting. A subdivision of the work, under nineteen subcommittees was made, and every homeopathic doctor assigned some work. However well this work has been accomplished the end of this week will tell.

In this year of stress it was deemed unwise to prepare an elaborate program of entertainment, so the policy was adopted to provide for the ladies only any set features of pleasure, allowing full time to the members to enjoy the feast of good things enumerated on the Institute program.

The management of the Hotel Statler has lavished on our committee every aid in its power to make our session a success.

The press has given us marked publicity at a time when newspaper space was already overcrowded.

The Convention League has contributed to our fund, and provided other means of attracting visitors.

Our patrons have offered aid in making your stay among us pleasant and long to be remembered.

Your committee wishes to recommend one thing which will aid future committees in arranging for your conventions:

Upon the appointment of our subcommittees naturally the first question asked was—What shall we do? What is expected of us? Would it not be a good plan for the Secretary or Business Manager of the Institute to prepare, after consulting with various ex-chairmen who have had the experience, a small brochure or pamphlet for suggestive purposes only, embodying plans for taking care of the needs of the Institute when in session, covering the duties of each subcommittee? To illustrate: Our Halls and Meeting Rooms Committee has planned in advance for the necessary seating, blackboards, stationery, drinking water, ventilation, etc.

Our Printing and Placard Committee has labeled all points of interest about the hotel, besides issuing the necessary printed matter to the various subcommittees.

Our Badges and Pennant Committee has provided automobile decorations announcing the convention, and has placed in front of you our Service Flag.

So on, through the whole list of committees. If a suggested list could be prepared with their possible duties, I can see for future entertainment committees less arduous and at the same time more comprehensive work, and fewer oversights which must be hastily remedied at the last minute.

We trust this session will be a memorable one, and beg of you to command any of us, and we will obey.

R. Milton Richards, Chairman.

Report of the Transportation Committee

The Secretary: Dr. Harkness is in service. Dr. Costain is ill and unable to come to the session. The railroads have already taken over

the work of transportation. Members from Chicago and vicinity accepted the Michigan Central's invitation to come over their route.

Report of the Committee on Pharmacopoeia

President and Members American Institute of Homeopathy:

The year has furnished several items of pharmacopoeial interest.

Early in the year, by invitation of your chairman, George M. Beringer, Ph. M., a distinguished member of the Revision Commission of the United States Pharmacopoeia, delivered an address before the Homeopathic Medical Society of the County of Philadelphia in which he said that personally he would be in favor of incorporating the Homeopathic Pharmacopoeia in the next revision of the U. S. P., but he said your school is in the absurd position of apparently having two standards or pharmacopoeias—that while you have adopted the Homeopathic Pharmacopoeia of the United States as your standard some of your prominent pharmacies claim to be guided by another book called the American Homeopathic Pharmacopoeia.

It is unfortunate that this statement is only too true, for the apathy of the profession in spite of all the past efforts of your committee to compel all pharmacists to use the H. P. U. S. by refusing to purchase remedies not prepared according to its directions and the indifference of both pharmacists and physicians to the strenuous efforts made to place your Pharmacopoeia in the Food and Drugs Act have at last produced one result that was expected by your committee and which has been precipitated by the war.

We refer of course to the ruling of the Government that because ordinary chemical analysis of our dilutions reveals the presence of nothing but pure alcohol (of about 87%) therefore under the present regulations governing the sale of alcohol a physician can purchase only two drachms of any such dilution unless he furnishes a bond.

Your committee would not at this time recommend any organized attempt against this law but rather that every physician should write to their senators and representatives urging them to have the restriction removed.

We would, however, again urge our members and all other homeopathic physicians in the United States to rally around their standard pharmacopoeia and to refuse (no matter what specious plea may be advanced by the pharmacist) to buy homeopathic remedies that are not prepared according to its directions.

If the H. P. U. S. had been placed in the Food and Drugs Act (and unity among the profession would have easily accomplished this), our dilutions would have been standardized and the present annoying restrictions could not have been imposed.

In reference to the general question of the conservation of alcohol early in this year the Food Administration called attention to the efforts of F. Upsher Smith to save alcohol, sugar and glycerin by the substitution of infusions and decoctions for tinctures and the use of solids in place of elixirs, syrups, etc.

Your chairman called attention in the JOURNAL OF THE A. I. H. to the fact that our fresh plant tinctures must be made in sufficient quantities to last a year or until the plant is again in proper condition to be

used and therefore for this and other reasons infusions and decoctions should not be used.

Under the title "Homeopath Protests," part of our statement was reprinted in the *Northwestern Druggist.*

This matter involved such a radical change in pharmaceutical preparations that a conference was called of all government officials interested. According to the *Bulletin* to Journals of the American Drug Manufacturers' Association, Mr. L. L. Summers of the War Industries Board, "settled the question of the necessity of conserving alcohol in pharmaceuticals by saying that there is no necessity for conserving alcohol in medicinal preparations. The amount conserved would be very small, he said, and there is plenty of alcohol for all essential purposes. In this connection he stated that if the amount of damaged corn corresponds to the amount for the past six or eight years, the country can continue to produce alcohol and he added that at present there is a big surplus of damaged corn that can be used for no other purpose."

From the same source we learn that the conclusions of the conference were that "it was deemed advisable to refrain at this time from recommending the conservation of alcohol in so far as their use in pharmaceutical preparations are concerned."

Before hearing of this conclusion and as a slight contribution towards the conservation of alcohol your chairman recommended in an article to appear in your July JOURNAL that wherever your Pharmacopoeia admits of the use of a trituration of the dried plant that it be used instead of the dried plant tincture until the close of the war.

This would involve no hardship as one of our pharmacists says that there is always more demand for triturations of nux vomica than for its tincture or dilutions.

Respectfully submitted,

T. H. Carmichael, Chairman.

Report of Committee on American College of Surgeons

Your committee desires to report that during the last year there has been but one convocation of the American College of Surgeons which was attended by your chairman and several members of his committee.

Your committee has found it exceedingly hard and many times impossible to get into the College men of the homeopathic school and members of the Institute whose reputation as surgeons is established beyond peradventure. Your committee is not ready to assert that there has been any discrimination made by the Regents between homeopathic physicians and physicians of the regular school in the admission of candidates, although it is more than probable that because of the composition of the various state admission committees it is harder for some of our men to get through these committees than it is for men of equal standing of the regular school. The question of local prejudice undoubtedly is a large factor in the admission of all candidates and it is this local prejudice which influences the various state boards of admission. Inasmuch as the personnel of these state boards is unknown to the rank and file of the profession and absolutely unknown to your committee, we stand as a committee almost helpless in being able to get men through the various state boards.

Rank injustice has undoubtedly been done to at least a score of our

men who are fully entitled, because of their ability as surgeons and their reputation as both men and surgeons, in keeping them out of the College. All that your committee has been able to do, because of the peculiar organization of the College, is to work through the general officers in Chicago. Most of the wrongs will be righted in time, and your committee asks of the various candidates who have not been finally rejected to be patient.

During the early history of the College it was possible for your committee to persuade the Board of Regents to override the decision of the various state boards, where it was evident that glaring injustice had been done. It is becoming harder and harder as time goes on to get the Regents to again assume this responsibility because of the fact that by so doing there is created a feeling in the state boards that after all their function is largely advisory.

Your committee has not yet been able to obtain full representation on the Board of Regents, except in so far as Dr. Kahlke, one of its members, has been made second vice president, which position during the coming year gives him all of the privileges of a Regent.

Your chairman at this time desires to again express his personal appreciation of the splendid service which Dr. Kahlke is rendering his committee. Your chairman has had many conferences with Dr. Kahlke, both personal and by correspondence, during the year relative to various candidates and in all instances Dr. Kahlke has painstakingly investigated the claims of such candidates and has done everything within his power to secure their admission when the credentials justified his so doing.

There are at least a dozen men in the homeopathic profession not in the College who should be admitted without examination and your committee is doing everything within its power to secure their admission under this ruling. Several of these men showed a good deal of indifference at the inception of the College, which makes it much harder for us to secure their admission at the present time.

Your chairman has called a meeting of the homeopathic members of the American College of Surgeons to be held on Tuesday at seven-thirty to discuss in detail the interests of the homeopathic profession in its dealings with the College. There is no question regarding the usefulness of the College as a great factor in promoting the ideals and elevating the standards of surgery. One of the things especially to be considered at this meeting is the securing of a larger representation on the various state hospital standardization committees. It is of vital importance to the homeopathic profession that such representation be secured. The Director of the College, Dr. Bowman, has asked your chairman to provide him with a list of homeopathic men from each state with a promise that he will use his influence to have the homeopathic school represented on these various committees. Such a list will be furnished the College after this meeting.

It is clearly evident from the experiences of your committee that while the College has officially recognized the homeopathic school of medicine in placing the American Institute of Homeopathy upon the same basis as the American Medical Association in nominating gov-

ernors, there is a disposition to ignore the homeopathic profession as a distinct school. In other words, the Board of Regents is disposed, so it at least claims, to recognize *men* rather than *members* of any specific school, and in a general way this is as it should be. Whether or not this is done with absolute impartiality, your chairman is not ready to state. The fact remains that in the organization of the various state hospital standardization committees only two or three homeopathic representatives were selected and from but three of the states. Your committee was in no way consulted in the selection of these state committees. It is entirely possible that the men of the regular profession are much better qualified for this work than are the men of the homeopathic profession and that this is the reason for this seeming discrimination. This, however, we are not ready to admit, and if the hospitals of the country are to be reorganized and restandardized, we as a school must demand that our interests be fully protected.

That the American College of Surgeons is doing yeoman's service during our great national crisis there can be no doubt. This government and the governments of our allies are looking to it for the selection of surgeons in the various national armies. The times have been so critical that we must in charity not be too contentious in asserting our claims. On the other hand, in a movement so radical as the restandardization of the hospitals of the entire country, it is but right that we should be fairly represented.

History after our great struggle is won will record the names of a good many American physicians and surgeons who have so splendidly done their part in caring for the boys who have thrown themselves into the breach, and from a humanitarian viewpoint none will be more conspicuous than that of him whose genius organized the American College of Surgeons, and who from the inception of the war has been the medical representative on the Council of Defense, Dr. Franklin H. Martin. Your chairman does not know of a single instance where Dr. Martin has, in dealing with the homeopathic school, failed to do exactly as he promised. We as a school desire to pledge our fealty and loyalty to him and to co-operate with him in every possible way in securing from our ranks our very best material for army and navy service.

James C. Wood, Chairman.

Report of the International Committee on Homeopathy

Mr. President: Believing the possession of certain information by this Institute desirable for the good of the cause, immediately after the announcement of the constitution of this committee for the current year, letters of detailed inquiry spread upon official paper were sent to six editors of homeopathic journals in as many different countries as persons qualified promptly to furnish it; also to thirteen prominent practitioners in others not so favored; total nineteen. None were sent to the Central Powers or their allies because of the uncertainty of postal service. Each was requested to mail reply so it would be received not later than June 1. On that date but two had come to hand: one from a missionery in China, the other from Dr. Griffith of Montreal who possessed not the desired facts but promised them from another practitioner who as yet has failed to report. Some of

the gentlemen have been the recipient of marked courtesies from this Institute: how they have been appreciated is now apparent.

Foreign allopathic journals have considered during the past year a number of topics of especial interest to us as homeopathic physicians. An eminent French writer calls attention to the fact that substances added to foods to prevent fermentation before they are eaten prevent it also after they are eaten, so that the food is unable to be subjected to the normal digestive changes in the alimentary tract. The person thus suffers from defective digestion while the liver and kidneys may be gradually affected by the *minute doses of the preservative*. The new-born, the elderly and pregnant women are particularly sensitive.

The infant gets salicylic acid in the breast milk if the mother is getting it as a preservative in some kind of food. If brought up on a bottle, its digestive functioning may be upset by preservatives added to the cow's milk or some substance used in cleansing the bottle. In the elderly as the kidneys grow less permeable, the preservatives ingested in food are retained and pile up in the body. The kidney is also less permeable in the pregnant woman and retained accumulating antiseptics have a directly injurious action on both herself and the fetus. Consequently he declares that as all questions connected with food are particularly grave now and pressing for solution, legislation in behalf of pure food, free from adulterations and preservatives, is of paramount importance now. What a rebuke from an allopathic foreigner, the more cutting because unconscious, to this Institute that voted in 1910 to rescind and strike from the minutes the declaration it made in 1909 that "the study of the effects of minute quantities of drugs upon the human system by the Homeopathic School of Medicine proves that under no circumstances and in no quantity can drugs be persistently introduced into the human system without deleterious effects."

The recent scientific demonstration that tin (stannum) is death to the staphylococcus whereby the regulars have a new weapon at their disposal in the treatment of furunculosis (although not invariably successful), coupled with the knowledge common in certain locations that tinworkers never have furuncles, suggests the probability, characteristic indications being present, that the drug may be homeopathic to the disorder even as Chinese villagers obtaining their drinking water from copper tanks had ever been immune from cholera; the homeopathicity thereof being first established by Hahnemann.

Two French surgeons have discovered by experience that belladonna and atropin are much more effectual than morphin for asthma resulting from wounds of the chest while datura (stramonium) and valerian are useful, and even ipecacuanha during the waves of congestion. A certain German homeopath would have told them some seventy years ago, had they been living, that those remedies are more effectual for any asthma exhibiting the same peculiarities irrespective of cause.

Calcarea from the time of Hahnemann has been known to all genuine homeopathists as one of the best constructives for delicate children, notably victims of spasmophilia, but it was reserved to this day and generation through a Hollander to explain the rationale of the fact. Unfortunately phosphorus must be given in addition to secure

its permanent benefit and that not alone but in connection with Cod Liver Oil. This is a fair illustration of a point too often overlooked by the so-called advanced thinkers of our school—that facts are facts and permanently so, but the theories that link them together are as variable and as evanescent as the winds of heaven.

Similarly calcium lactate is strongly recommended for tetanus in the pregnant and the parturient by a German who warns liberal homeopaths that morphin, ergot, atropin, calomel, tuberculin, pituitary extract, chloroform and ether should all be avoided where there is a latent tendency to tetanus. In case of much pain he allows chloral or bromides.

Calcium chloride has been found to be an efficient remedy for hemoptysis occasioned by insufficient kidney. If the favorable action of a drug in any given case is not plainly antipathic it is presumably homeopathic thereunto, and a valuable practical hint may be secured therefrom.

It is a regular thing to scoff at the differentiation of remedies by homeopathists: however, that may become ere long unfashionable, seeing that "Tartar emetic has a very delicate selective action" in that it is capable of killing the protoplasm of the sexual form of the malignant tertian parasite of malaria but has little or no action on the sexual form: a delicate hint to those alleged homeopaths who think that quinin should be given first, last and continuously for all malarial attacks.

We are told if one wishes to make sure he will never have malaria he must take one five-grain fresh tablet of quinin daily at 5 p. m. The writer neglected to state the effect on the liver and the spleen.

Since there is a strong tendency to abort in women employed in tobacco factories and prolonged labor therein produces sterility, it is well to consider tabacum in connection with miscarriage and barrenness.

As the eating of ruhbarb leaves boiled with spinach produced acute epithelial nephritis it may be well to make a proving thereof, as rheum's symptomatology might not exactly cover the case when apparently more or less indicated.

Although it is not quite so fashionable now as formerly to ridicule our small doses, it is well to note that the Pharmacology Institute of the University of Utrecht has demonstrated the 6x trituration of atropin has more medicinal force than the 1x of physostigmin.

As indicative of regular advance in diagnostics may be cited two cases of poliomyelitis that were recently pronounced appendicitis and diphtheria and operated on in Sweden, the latter receiving an emergent tracheotomy: also the recommendation that if one is in doubt as to whether the case in hand is small pox or chicken pox, he apply to his own arm some of the patient's lymph. If there is no reaction in twelve or fifteen hours the disorder is chicken pox. The test has proved conclusive in 98% of tests made during an entire decade.

Equal progress may be noted in therapeutics. For cholera and seasickness alike epinephrin is indicated, for both are due to acute suprarenal insufficiency.

In every case of severe and protracted headache with meningeal reaction, lumbar puncture should promptly be performed, withdrawing say forty drops of the cerebrospinal fluid each time.

Should one of our patients be troubled with that paralysis so frequently following appendectomy, it is only necessary to administer perhaps three hypodermics of pituitary extract. (Note well that procedure is not isopathy.) Per contra, should the constipation be chronic and no other cause discoverable, it is to be ascribed to vagotony or sympathecotony and ileosigmoidostomy should be performed, in other words the lower intestine should be short-circuited.

Incidentally, pituitary extract is quite orthodox for nocturnal enuresis.

The correct treatment of exophthalmic goiter is the injection of boiling water into the gland. Should operative procedure prove necessary subsequently, the patient has been better conditioned thereby therefor.

It is suggested that the intravenous injection of gum acacia fulfils all the requirements occasioned by shock.

Inasmuch as a regular has observed that spider bites produce cutaneous phenomena resembling anthrax, our confidence in tarentula cubensis for carbuncle should be materially augmented.

A young physician having taken a certain coal tar derivative thrice daily for a week was symmetrically covered as to upper arms and shoulders with typical eczema, whereupon B. Bloch, who writes if he does not speak German, affirms the case supplies the hitherto lacking proof that eczema can develop from an internal cause. He thereby reveals a limited knowledge of German medical literature and a limited professional experience as well.

Recognizing the fact that typhoid and paratyphoid bacilli are too toxic to be considered in an attempt to abort typhoid fever, a Frenchman has sought and found a saprophytic microbe isolated from spring water, nontoxic for all laboratory animals by subcutaneous, intravenous and intraperitoneal injection, which reduces the temperature within twenty-four hours to normal or below (in half the cases without subsequent rise), the headache and stupor or delirium disappear, but the pulse keeps up and the diarrhea continues for several days. Equally promising results were obtained when the treatment was applied to acute articular rheumatism and pneumonia. Since many substances are innocuous to lower orders of animate life that produce deleterious effects on man, this may prove to be an example of crude and barbarous homeopathy.

While not a few members of this Institute would refuse to consider even for a moment the use of any serum other than the antitetanic and the antihydrophobic, all will be interested to learn that in the American Hospital in Paris 75% of the cases of tetanus proved fatal under treatment with the former until not less than 60 c.c per diem of sodium persulphate was also administered when the mortality ceased. Greater inducement to resort to vaccines is found in the authoritative announcement that to avert anticipated epidemics in military camps, these should be prepared from germs corralled on the spot

and at the time when their utilization is desired, else there is less certainty of their proving efficacious.

The mortality from typhoid fever among the few who have contracted the disease despite preventive treatment is within a fraction of 25%.

The possibility of improvement in the methods of administering antitoxins suggested in a previous report is confirmed by the statement that diphtheria carriers have been rendered innocuous by the insufflation of the appropriate one.

Only the other day the leaders of the regular host were advocating the employment of the single remedy as being the more scientific and the more effective procedure. The slight impression produced on their followers is revealed by a glance at the pages of any druggist's prescription book or the formulas of most proprietary preparations. Now we are told compound serums should be used as time savers and general protectors: also that quinin can be properly administered only through the medium of Warburg's tincture, which contains at least more than a dozen ingredients while if prepared "according to Hoyle" they number more than two score.

Finally the beauties of regular therapeutics are well illustrated by the confession that their only reliable means of combating diabetes is in the management of the diet and that must be determined by an analysis of the blood and the feces as well as of the urine.

Respectfully submitted for the Committee,

Geo. B. Peck, Chairman:

Ordered received and filed.

Report of Committee on International Congress

[Read by the Secretary]

There can be no thought of an International Congress so long as this monstrous war continues.

Every human individual the world over is doing his best to destroy the barbarians who are struggling to wreck civilization.

All true physicians the world over are doing, or stand ready to do, their utmost to relieve the terrible suffering brought upon humanity by the kultur of the Huns.

All loyal Americans have now but one job before them and that is to assist our allies in wiping the Hohenzollerns and Junkers off the face of the earth.

By another year I hope this job will be finished and that our committee can then report plans for an International Congress, which will then be able to sing a paean of victory.

A. B. Norton, Chairman.

Report of the Committee on Homeopathic Handbook

Mr. Chairman, Fellow Members: I apologize for having no formal report, but during these few weeks added duties have taken up much of my time. You may recall the history of the appointment of this Committee, I think seven or eight years ago. The Chairman of the Committee presented a paper on the advisability of preparing a handbook which might be used by the physicians of the other school in

order to give them an intelligent idea of what homeopathy is, without knowing that he had taken the idea more or less from Dr. James C. Wood, who had written extensively on the subject the winter before this paper was presented. I think I appreciate more than ever this morning, after hearing the able address of our President, how important it is to formulate in the proper language a book which may be presented to scientific men who perhaps differ from us in their idea of therapeutics. I have come to appreciate during the last few months more than ever, how friendly the physicians of the other school can be if they have to be. Now I have an idea they would be much friendlier under other circumstances if they had the right appreciation of what Homeopathy is, and what it stands for. I believe now, as thoroughly as I did seven or eight years ago, that the preparation of a book outlining briefly the history of homeopathy, particularly the principles, and then presenting the indications for a number of remedies in a way that could be appreciated by men of scientific training—that it would do great good, and make converts, if not to homeopathy as an institution, at least to the principles of homeopathy. I am sorry to say, as I have said ever since the appointment of this committee, that this book is still in the making. Several chapters have been written, but nothing tangible is ready for presentation. Your committee two years ago prepared for the American Encyclopedia of Medicine an article on Homeopathy and is now working on a chapter on Homeopathy for the Encyclopedia Americana. We think the time has come to discharge this committee, and to appoint a committee that will accomplish something.

R. S. Copeland, Chairman.

Report on Hahnemann Monument

The Hahnemann Monument is a thing of beauty and remains the most artistic monument in the capital city. It is receiving from the federal government the same care the other monuments have. That leaves something to be desired, as the veteran homeopaths realize, when they visit Washington, but in war times we have less disposition to be critical than usual. However, the federal gardeners have improved the strip of English ivy that outlines the front half of the plot; and they have removed the two Japanese weeping cherry trees that stood in the grass plot in front of the statue, as these trees were not thrifty. The other trees and shrubs are in prime condition, except the grass in the parking strip, under the care of the District of Columbia, which is apart from the federal government.

Another ceremony of tribute to Hahnemann was staged at the monument by your chairman, at the request of the Southern Homeopathic Medical Association, during their meeting last November. On this occasion a bugler was furnished by the Marine Corps Barracks to blow assembly and taps.

The commanding officer inquired if the reason we asked for the bugler was that Dr. Hahnemann was an officer in the U. S. Army. He seemed satisfied with the reply that over a thousand of those whom he had taught are today officers in the Medical Corps.

On this occasion, Dr. J. P. Sutherland gave an address on the great names in medicine, in an historical survey, connecting Hahnemann as a great link in the golden chain. A wreath was placed on the monument by Dr. J. M. Lee, of Rochester, representing the North, and Dr. A. Leight Monroe, of Miami, Fla., representing the South, each speaking a stately and tender word of tribute. The ceremony was carefully written up in advance for the press, and these tributes were published an hour after they were spoken. A photograph was taken of the ceremony.

Your committee reports one step of progress: The Hahnemann Monument is to have a model on exhibition in the Smithsonian collection in the National Museum at Washington, and there is to be a copy of the *de luxe* edition of the McClelland Report of the Hahnemann Monument on file with the model, so we are assured by Dr. W. A. Dewey, who is to assemble the permanent exhibit for Homeopathy.

Respectfully submitted,

Cora Smith King, Chairman.

These reports were accepted and ordered filed.

Report on Workmen's Health Insurance

Compulsory health insurance for workers not earning over $1,200 a year, is a measure that has much to recommend it to the workers themselves, and to those who, while not affected by it personally, have the welfare of the former at heart. It is a form of socialism adopted by many of the nations of Europe, and will, without doubt, be undertaken sooner or later in the United States.

Medical practitioners have observed the unhappy influence upon the sick, when to the suffering and anxiety of the illness itself is added the worry caused by accumulating debts. Illness will be shorter, and convalescence more rapid when the burden is removed. While this form of protection to the workmen has much to recommend it, yet it is a complex subject, and is beset with many practical difficulties. It amounts to spreading the expense of illness so that it is borne by the employer, the state and the workman himself. This may be and probably is an equitable and on the whole an advantageous distribution of the burden of illness under ordinary circumstances. But suppose the illness arises from intemperance, or from licentiousness, is it fair to ask the temperate and moral workmen, as well as the state and the employers, to pay for the self-indulgence of one of their number?

Again, the cost of health insurance will be very great, increasing the cost of almost everything produced, and raising the rate of taxation besides. This may be offset somewhat by decreasing public charity and hospital expense. Yet the cost is so uncertain in amount, and so certain to be large that further study is necessary before the scheme can be unhesitatingly advocated.

There are perplexing difficulties in the practical working out of the scheme in relation to the medical profession. What doctors shall take care of the insured men? How shall they be selected, and what shall be their remuneration? Obviously all properly qualified and legally registered physicians should have equal opportunities under the law to attend the patients who desire their services. It might easily hap-

pen, under our political system, that a group of physicians would capture the business in a community. There is much in this aspect of the scheme that needs clarification.

Our attitude should be that we approve of the principle of compulsory health insurance, and we should be sympathetic toward it. But our legislative committees should be on guard to prevent unfair discrimination against any portion of the medical profession.

Edward Beecher Hooker, Chairman.

Dr. Hooker: This is a very important subject, and if customary, I should like to have it discussed.

Dr. Copeland: I agree fully with Dr. Hooker. The thing I cannot understand is why the average member of the medical profession seems to be so ignorant of what this means to the profession. If the model law should be put in operation it would practically put out of business the young doctor. I agree with Doctor Hooker, and feel that at some time there should be a discussion of the subject, so that all who attend here should understand and appreciate what it means. My own view is that the plan proposed is entirely too large. No man can take care of five or six hundred families and do justice. As Dr. Hooker has suggested, such an arrangement would mean that a small group of physicians would monopolize the work, and the feeling is that it is going to be harmful to the people themselves. This form of socialism is bound to come, we cannot stop it, but at least we can stir up our legislatures so that there will be a little protection.

Dr. LeSeur: I think Dr. Hooker's request for an expression on this topic is very proper. It was my privilege to attend a meeting of a Legislative committee at which representatives of our school and the old school were present, and this matter was very thoroughly discussed. There were representatives not only from the medical societies, but representatives from the manufacturers of the State, and representatives from the various labor organizations of the State. The consensus of opinion of the different organizations I have mentioned seemed to be that this was a form of European German Socialism to be condemned and shut out of the American continent. The men who spoke spoke very strongly. I remember particularly the representatives of the organizations of labor who said that it would put people in the class of paupers who did not belong there, and who did not want to be there; that there was no earthly reason why the members of the working classes in the country should be put on the charity list, any more than they wished to be put on the charity list for bread and butter and shoes. I am very confident, so far as the New York representatives are concerned that this matter will have very difficult entrance in any form of legislation. As a matter of fact, the bill was killed in committee by unanimous vote.

Dr. Royal: I would like very much to have this matter discussed, and would like to discuss it myself, but we are

late, and are doing an injustice to the Bureau to follow if we take up its time. I move that this be referred to the Congress of States for further discussion.

Seconded and carried.

Dr. Lee: We will hear the report of the Board of Censors, Dr. Anna Johnston.

Dr. Johnston: Since the last meeting we have received 111 applications, which have been passed by the Censors, and published in the JOURNAL. In accord with the By-Laws, these applicants have become thereby members of the Institute.

On motion of Dr. Cobb, seconded by Dr. Horner, election of these 164 applicants to membership unanimously endorsed.

Announcements

Dr. Hanchette: The Bureau of Clinical Medicine will follow this session immediately. It is an important bureau and we have a good program. This afternoon at 4 o'clock we shall have an interesting symposium prepared by Dr. Duncan of New York. We should be glad to have you hear the papers and take part in the discussion.

The Secretary: The President of the Obstetrical Society is unable to be present this afternoon and requests that this Society meet at 8:30, Wednesday evening.

Dr. Rumsey: Mr. President, Members of the Institute, recognizing the importance of co-operative medicine, the O., O. and L. Society tomorrow night will present three practical papers for your discussion and consideration.

The Secretary: The Homeopathic Medical Society of the State of Michigan will hold its annual session Wednesday evening, June 19, at 9 o'clock.

The Homeopathic representatives of the Medical Examining Boards will be given special privilege in the College Alliance meeting on Wednesday afternoon, through the courtesy of Dr. Cobb. Important papers will be read at that time.

New Business

Dr. Sutherland: It would be appropriate at this time to send a special message to Dr. Burford and our British colleagues of the International Congress; also a special message to Dr. Sanford B. Hooker, Chairman in Homeopathy, who is detained on account of service to his country. I make a motion to that effect.

Seconded by Dr. Horner. Carried.

Dr. Richards: The Local Committee have provided an abundance of automobiles, and whenever you see the pennant of the A. I. H. you are invited to get in and ride. The local men have enlisted themselves into a bureau of information, and if any of you would like to take a spin around town at any time, if you will leave your names, you will be taken care of. It is important that everybody register.

Adjourned to Tuesday morning.

Tuesday, 9 A. M.

Meeting called to order by the President.

Communications

Baltimore, June 16, 1918.

Dr. John M. Lee:

Impending change of station makes it impossible to attend the meeting of the Institute. Lt.-Col. Herbert, Commanding Officer of Base Hospital No. 48, and the administration personnel join me in greetings and best wishes for a successful meeting. Regret deeply that we cannot assist in giving welcome to that splendid medical officer and courteous gentlemen, General Robert E. Noble, through whose good offices, kindness and encouragement our organization is thoroughly equipped and well prepared and ready for overseas service.

Wm. Francis Honan, Lt.-Col., M. C. N. A.

New York, June 17, 1918.

Dr. Sarah M. Hobson, Sec.:

Expect to join you Wednesday. Greetings to Institute in session.

Major F. M. Dearborn.

St. Louis, Mo., June 17, 1918.

Dr. John M. Lee:

Unavoidably detained. Many regrets. Success to your administration. Please express my sentiments to Institute.

Scott Parsons.

Sumter, S. C., June 17, 1918.

John M. Lee:

Can not be with you in flesh. With you in spirit. My felicitation to every member of the Institute.

Dr. G. F. Lee.

Oconto, Wis., June 16, 1918.

Dr. Sarah M. Hobson, Sec.:

Regret inability to be with you. Greetings to the Institute.

Mary M. Hopkins.

England, June 16, 1918.

Dr. John M. Lee:

Best wishes to meeting. **Henry C. Allen.**

Dr. Lee: Report from the Board of Censors.

Dr. Johnston: We report 81 applications, which will be posted today.

Dr. Lee: We are ready for the report of the Executive Committee of the Board of Trustees, Chairman Sawyer.

Dr. Sawyer: Mr. President, if agreeable, we would like to have the report of the executive committee postponed to a later date. We hope to have Major Dearborn with us tomorrow, and Dr. Cobb and myself would feel better satisfied with a report which we would make after conferring with Major Dearborn.

Report of the Committee on the President's Address

[Published in JOURNAL A. I. H., July, 1918.]

On motion of Dr. Hooker, seconded by Dr. Hanks, the report was approved and adopted.

Report of the Editorial Committee of the Board of Trustees

Mr. President, Members of the American Institute:

The JOURNAL OF THE A. I. H., Volume X, contained a total of 1600 pages, of which total 110 pages were devoted to editorial matter and 872 to original articles and contributions. Approximately 200 pages were given over to records and business minutes of the Institute, and of its allied societies, to membership lists and other material.

The particular feature of the editorial work during the past year has been the amalgamation of the *Journal of the O. O. and L. Society* with the Institute JOURNAL, and the classification of all the reading matter into the nine departments of the JOURNAL itself. Approximately ten pages have been given to each of the nine departments which are as follows:—editorial: homeopathic therapeutics; general practice; surgery and gynecology: obstetrics; physical therapeutics; eye, ear, nose and throat; organization; miscellany.

From a total mailing list of 206 from the *O. O. and L. Journal*, 55 new subscribers were secured for the JOURNAL OF THE A. I. H., and of the advertisers three new and permanent ones were secured for the Institute JOURNAL.

The advertising pages of the JOURNAL have carried as standing matter the names of members of the Institute who are commissioned in the Army and Navy. This in the June JOURNAL amounts to 9½ pages.

The financial standing of the JOURNAL at the completion of Volume X, was as follows:

The total receipts for the year:		
From subscriptions	4,675.77	
From advertising	4,187.24	
Total expenditure including publication, salaries and office expenses		$9,669.45
This shows a loss of	$ 806.44	

Considering the increased cost of publication, the only way the Publication Department can make good financially is either to materially diminish the size of the JOURNAL, or increase its resources.

The figures representing the receipts and expenses per month are herewith represented:

Detailed Statement of Publication Account:

1917	Received from Subscribers.	Received from Advertisers.	Expenses.
May	$635.75	$521.74	$861.16
June	233.45	297.93	641.78
July	553.42	309.51	778.95
August	713.16	255.96	689.54
September	455.75	355.49	1,053.20
October	279.05	289.64	778.76
November	187.13	308.44	667.06
December	340.73	345.17	1,029.62
1918			
January	377.43	403.87	809.07
February	397.53	398.59	718.36
March	309.30	487.63	808.27
April	193.07	213.27	833.68
	$4,675.77	$4,187.24	$9,669.45

Apropos of the financial standing of the JOURNAL your Committee would call special attention to the fact that of the 3336 who were members of the Institute on June 3, only 2555 were subscribers to the JOURNAL. If the 781 who are not subscribers were each paying $2.00 a year for the JOURNAL our Publication department would show no loss, notwithstanding the abnormal depression in the advertising world.

Furthermore, if the approximately 200 pages which have been devoted to business records and transactions of the Institute and its allied societies, had been paid for on a pro rata basis of $3.00 to $4.00 a page, which was the actual cost of publication, instead of having been paid for out of the Publication budget, the JOURNAL would have been able to show a profit rather than a deficit.

It should be emphasized that the business transactions of the Institute and its allied societies are matters chiefly of record, and are not of value from the journalistic viewpoint.

Therefore, your committee would recommend that the expenses of publishing the minutes and related subjects of the Institute and affiliated societies be borne on a pro rata basis per page by the Institute and its affiliated societies.

Signed, **John P. Sutherland,**
J. Richey Horner,
Jos. P. Cobb.

Dr. LeSeur: I move that the report of the committee be accepted and adopted, and the recommendations carried out. Seconded. Carried.

Nominations

President Lee: It is now the appointed hour for nominations for officers for the ensuing year. The Secretary will read the nominations.

Dr. Hobson: The following nominations have been passed in, duly endorsed:

For President, Frederick M. Dearborn.
First Vice-President, Gilbert FitzPatrick.
Second Vice-President, Cora Smith King.
Recording-Secretary, T. E. Costain.
Registrar, W. O. Forbes.
Trustee for three years, J. Richey Horner.
Trustee for three years, H. M. Stevenson.
Trustee for three years, Florence N. Ward.
Trustee for two years, I. B. Metzger.
Censor, Henry C. Aldrich.

President Lee: If there are no objections, these names will be printed and prepared for the ballot.

Dr. Cobb: In the spirit of economy, and in recognition of the fact that we have a most remarkable situation in which but one name is proposed for each office, with an unusually good selection all the way through, I move you, sir, that tomorrow morning at the regular time of election, we do hereby instruct our Secretary to cast the unanimous vote of the Institute for the nominees presented this morning.

Seconded.

President Lee: You have heard the motion made and seconded. Are there any remarks:

Dr. Hooker: I believe before we do that we should vote to suspend the by-laws temporarily. I move, for the purpose of carrying this out, that the by-laws be temporarily suspended.

Dr. Sutherland: I think Dr. Hooker is correct. The by-laws should be suspended in order to carry out this motion.

Seconded by Drs. LeSeur and Horner.

Dr. Cobb consented to allow Dr. Hooker's motion to precede his motion.

President Lee: Are you ready for the question? All those in favor of temporarily suspending the by-laws for the purpose of making the proposed election legal,, signify by saying "aye." Contrary by the same sign.

Dr. Hooker's motion carried.

Dr. Cobb called for a vote on the original motion.

President Lee: Are you ready for the vote on Dr. Cobb's motion? Those in favor signify by saying "aye." Contrary by the same sign. Motion carried. Tomorrow morning the Secretary will cast the ballot of the Institute for the nominees.

Dr. Sawyer: Mr. President, the Eclectic National Institute is in session at this time in the hotel across the way. It seems to me it would be quite proper to extend an invitation to the members to attend our scientific sessions. With your consent I would like to make a motion that the President of the American Institute appoint a delegation of three to call upon the President of the Eclectic Society to extend such invitation.

Seconded. Carried.

President Lee: I will appoint on this committee Drs. Sawyer, LeSeur, and Cobb.

Announcements

Dr. Wood: There will be a meeting of the Fellows of the American College of Surgeons this evening, in Room A, at 7:30, to discuss important matters pertaining to the interests of the Institute of Homeopathy and the profession in connection with the American College of Surgeons. We would like to have as large an attendance as possible.

Dr. Sawyer: Examinations for the Medical Reserve Corps are now being conducted in Parlor C, by men selected from this audience, and from the Institute membership. I would urge you to make your arrangements and have a time assigned for your examination. For those who wish to enter the Volunteer Service Corps applications will be found at that place. These examinations will begin at ten o'clock and continue until one.

Dr. Walton: There will be a meeting of the Seniors in the Ladies' Parlor. Both old and new Seniors are expected to attend.

New Business

Dr. LeSeur: Under the head of new business I would like to offer a resolution: "Resolved, that we deplore the action of committees in changing without notice the printed program of the evening session of the Institute, and direct that this practice be discontinued."

Referred to the Committee on Resolutions.

Announcements

Dr. Hanchette: There are several unread papers in the Bureau of Clinical Medicine, and we will meet in Parlor B Wednesday.

Dr. Mellon: Mr. President, inasmuch as Dr. Hooker is unable to be present, it was deemed advisable to combine the Bureau of Clinical Research and Homeopathy. There will probably be some changes in the program as it is printed, for the sake of expediency and in order to harmonize the subjects.

Dr. King: The National Society of Physical Therapeutics will meet according to schedule this afternoon. There is an opening in the Government service for every physician in the A. I. H., men and women who are prepared to do physical therapeutics work. I have this from Capt. Frank B. Granger, who has charge of electro-therapeutics in the 40 reconstruction hospitals which the Government has planned. I will ask that names of those willing to serve be handed to me, or to the Secretary. We desire the names and addresses of those available to send to Captain Granger this week.

Dr. Richards: All ladies who wish to take the drive this afternoon will meet on the lobby floor at 1:30. The members of the various fraternities are asked to register at their respective headquarters.

The Secretary: The Alumni of the New York Homeopathic College are requested to meet tonight at 8 o'clock in Room B.

The trustees will meet after this session.

President Lee: In compliance with the recommendation of the Committee on President's Address, the Chair will appoint as a committee Drs. Mann, E. H. Wolcott, R. R. Mellon,

J. P. Sutherland, and will call for a meeting in Room A at one o'clock.

Adjourned to Wednesday morning.

Wednesday, 9 A. M.

Called to order by the President.

Communication

San Francisco, Cal., June 18, 1918.

President J. M. Lee:

Fraternal and sincere greetings to American Institute whose deliberations now concerning the safeguards for individual practice and defense of our educational institution will make for the perpetuity of American Homeopathy.

Dr. James W. Ward and Dr. William Boericke.

President Lee: Is there any report from the Auditing Committee?

Dr. Cobb: The committee will have the books audited at the end of the year. The report presented by the Treasurer to the trustees covers simply eight months up to the first of June. We do not think it wise to go to the expense of having the books audited more than once a year.

President Lee: We are ready for final reports of Bureaus and Societies.

Dr. Hanchette: I would like to report, Mr. President, that the Bureau of Clinical Medicine did not have time at their two sessions to quite finish the papers. Our Bureau will be completed this morning after the business session.

Dr. Horner: I want to call attention to the fact that it has been the policy of the Institute to have only one session during the morning hours. The Bureau of Materia Medica comes immediately after the session this morning, and it will interfere very seriously to have Clinical Medicine coming at the same time.

Dr. Royal: Is there any place in this program where those who have not been able to complete the work of a bureau shall have an extra session without interfering with the work of another bureau?

Dr. Lee: This is war time. We have taken unusual actions in order to accommodate ourselves to the times. Therefore, the Chair rules that this bureau may handle its work as it sees fit. They may find some place where their session may be held without interfering with the work of the Bureau of Materia Medica. It seems to me an unfair thing to ask a man to prepare a paper, and then have him come here and not have an opportunity to read it.

Dr. Horner: I beg to appeal from the decision of the Chair on that subject.

President Lee: An appeal from the decision of the Chair is asked for. Those in favor of the appeal say "aye." Contrary "no." The appeal is lost.

Dr. Cobb: There will be a meeting of the College Alliance at 2:30. Important topics will be presented for discussion and a final report made at the business meeting tomorrow.

President Lee: The meeting will now be turned over to the Congress of States. Word was received from Dr. Scott Parsons, President, that he would be unable to be present. The Secretary of the Congress of States, Dr. Victor Washburn, is now in Service.

Dr. Hooker: The recommendation made by the Committee on Health Insurance was referred to the Congress of States for discussion. This is the hour to assemble the members to discuss the problems before the Congress of States.

President Lee: What is your pleasure in regard to this matter?

Dr. Cobb: I move that the Congress of States do now convene and elect a temporary chairman.

Seconded. Carried.

Dr. LeSeur: I move that Dr. Sutherland be made Chairman of the Congress of States.

Seconded. Carried.

President Lee: Dr. Sutherland, you will please take charge of the Congress of States.

Dr. Cobb: I beg to call your attention, Mr. President, to the fact that this is the hour for the election of officers. According to a motion made yesterday, the Secretary was instructed to cast the ballot of the Institute for the officers named.

Election of Officers

President Lee: The Secretary will cast the ballot in favor of the candidates presented yesterday.

Dr. Hobson: I hereby cast the ballot for the unanimous election of the following officers:

President, Dr. Frederick M. Dearborn.
1st Vice-President, Gilbert FitzPatrick.
2nd Vice-President, Cora Smith King.
Recording Secretary, T. E. Costain.
Registrar, W. O. Forbes.
Trustee for three years, J. Richey Horner.
Trustee for three years, H. M. Stevenson.
Trustee for three years, Florence N. Ward.
Trustee for two years, I. B. Metzger.
Censor, Henry C. Aldrich.

President Lee: Ladies and Gentlemen, it affords me pleasure to announce that the candidates are unanimously elected. If you will pardon me for saying a few words from the Chair, I want to speak in regard to the incoming President. It has been my pleasure during the past year to meet him many times in different societies, and he has given such a good account of himself that it affords me pleasure to state that he is a man after my own heart. I also want to say that he pos-

sesses so many of the characteristics of a distinguished American that I cannot help naming him Teddy Roosevelt. Some of us have a very high regard for Mr. Roosevelt. I am glad that we have such an efficient officer to control the affairs of the American Institute during the coming year. Will Major Dearborn please come to the platform.

Major Dearborn: Mr. President, Fellow Members, I thank you for this great honor, not only to me personally, but I consider it a particular honor to the uniform which I wear. I am probably more proud of that particular event as an American than any one thing. We homeopaths have a reason to be satisfied with our record in the past year. For an organization numbering as we do 10,000 to have 1,200 in Service, certainly we have nothing to be ashamed of. I know you will be glad to hear of the progress of your units. One, if not already abroad, is on the verge of going, the Massachusetts. The Metropolitan Unit is now at the port of embarkation, the last remaining group arriving tomorrow. I was very glad to get permission to come here. Never since an infant at my mother's knee have I had to ask so many sets of permission. It is quite an unusual experience for a person who has been his own boss for 20 years, but it is splendid discipline. The Metropolitan Unit, which is particularly your baby, even more so than the Massachusetts, is as representative of the interests of Homeopathy as any Unit could possibly be. Nine of the physicians are from Hahnemann of New York, seven from Hahnemann of Philadelphia, two from Hahnemann of Chicago, one from the University of Michigan, one from the Boston University. On the reserve list, which has been entirely used up, is a graduate of Hahnemann of California. I think we have taken in nearly everybody. The graduate from Michigan is also a teacher in the Ohio State University, and another Reserve Corps man is a graduate of Ohio State, so I think we have representatives from every homeopathic institution, with the exception of the Women's College and Iowa. We have tried as hard as possible to make the organization representative. Our organization will compare favorably with any organization in any branch of the Army. Not only that, but we have had extra training for our men in the Reserve Corps. We have many compliments to the effect that Base Hospital 44 has about as fine a lot of men as is ever seen in uniform. Our nurses are the most substantial in the Service. Eight come from homeopathic institutions. We got special permission to recruit from Pennsylvania. We took 15 from Philadelphia, 12 from Pittsburgh. The money for our Unit came from homeopathic laymen. It has cost about $120,000. Part of it came from Utica; most of it from New York.

It has been very interesting work, and we have been at it since the Institute meeting. Practically all of our officers were put in active service 2½ months ago. I have been stationed at Hoboken about nine weeks. The rest of the en-

listed men have been at Ft. McHenry since March, and have manned entirely a hospital of 800 beds. The only trouble is other groups are continually stealing our men. We have had five enlisted men promoted to 1st Lieutenants. This may be complimentary to the personnel, but it is tough on us when all the men are hand-picked. Everybody has pulled together in New York for the benefit of the Unit. I also have a splendid piece of news. Our Surgical Director has just been promoted to Lieutenant-Colonel. Dr. Honan is a graduate of New York, and a member of the Institute. He is a man who has given a great deal of time to the Unit, and one of three majors who have been promoted. My own official list of men in the Service (a little more complete than that of the Secretary-Treasurer) shows that we have more than 1,200 men in the Service. All of them are not members of the Institute. We have something in the neighborhood of 65 Majors and four Lieutenant-Colonels. When a man becomes a Lieutenant-Colonel he has to go into the National Army.

Dr. Runnels: The general impression is that being a homeopath counts for nothing in the Army.

Dr. Dearborn: So far as my observation goes they have been very fair and liberal to everything homeopathic. I know men have applied for drugs and have gotten them in time. If you need anything, however, today you have to buy it. The chances are you won't get your drugs in time to use them for the purposes needed. Most men carry their own remedies. If your Director of the Base Hospital is a reasonable man you will have no trouble. I might say for the benefit of the gathering here that Base Hospital 48 will leave with a full equipment of drugs.

President Lee: A number of communications have been received. If there are no objections, the Secretary is directed to answer those communications.

Before we adjourn, I would like to say that we wish to have the deans of all the colleges, and the members of the Institute, as many as can come, meet in the Trustees' room. We are about to draft some sort of scheme for the purpose of raising money for colleges.

Dr. Wood: May I have just a word, Mr. President, while Major Dearborn is here? At the request of General Noble I want to tell you briefly what we are doing in Cuyahoga County in the way of caring for the families of the men who have gone to the front. We have organized what is known as the Cuyahoga Medical Relief Association, composed of reputable physicians of all schools of medicine. The object of the organization is to care for the families. We assess ourselves so much each month to care for the families in case anything happens to the men at the front, in case they should become prisoners and their salaries are stopped. We feel that we are doing a great work. There are only a few of these organizations in the United States. We want to call your at-

tention to this, and have you take the thought home with you, and effect similar organizations in your localities. We have now accumulated about $5,000. About 200 men have gone to the front. I should be most glad to give you the details of this organization. I happen to be the president, and am entirely familiar with the workings. We hope to be able to do a lot of good for the boys who have gone to the front. At our last meeting we had reported three killed. One man had had his arm shot off, and one had been taken prisoner. We are going to have more of this thing as time goes on. We have a splendid organization, and should be glad to help any one wishing to effect a similar organization in his home county.

Dr. Hooker: I would like to ask Dr. Wood if this is not the same thing as the Civilian Relief Branch of the Red Cross?

Dr. Wood: It is entirely different. It is purely a medical affair for medical officers only, to take care of the families of medical officers. We propose to perpetuate this after the war is over. As an organization we hope to accomplish a lot of good.

Dr. Staples: I wish to make an announcement, Mr. President. The Ohio State Alumni will have a luncheon in this room at one o'clock.

Adjourned to Thursday morning.

CONGRESS OF STATES

Dr. Hooker's report on Compulsory Health Insurance was considered and discussed. Report adopted.

Moved and seconded, motion carried, that the Secretary of the American Institute write to the officers of the State Societies, notifying them of the impending legislation, that they may be on their guard concerning it.

The Committee from the Eclectic Association received,—Dr. Finley Ellingwood, Dr. George Shaw and Dr. Theodore Adlerman. Dr. Ellingwood expressed appreciation of the courtesy extended by the American Institute to their Association, and invited the members of the Institute to their Patriotic Session, Wednesday evening.

Dr. Laidlaw took the Chair, and Dr. Sutherland presented:

A Rational Solution of the Problem of Medical Education and Licensure

Recognize three degrees instead of one in medicine: 1. Licentiate; 2. Bachelor; 3. Doctor.

Requirements

I. Licentiate. (3 years.)
   a. High school course.
   b. Three year course in Medical School, covering the fundamental medical sciences and diagnosis.
   c. License by a State Board to practice medicine.

II. Bachelor. (5 years.)
   a. High school course.

b. One year college course in sciences and modern languages.
c. Four years in Medical School, covering the present full course, including surgery and all therapeutics.
d. License by a State Board.

III. Doctor. (7 years.)
a. High school course.
b. Minimum of two college years (preferably the full course leading to Sc. B.)
c. Four years in Medical School.
d. One year internship.
e. License by a State Board.

These three degrees cover the practice of medicine *as now existing*, viz.:

I. The unlicensed, irregular, drugless, etc., practitioners.
II. The "general practitioner" or much needed "family physician," doing much and very good work.
III. The research workers, investigators and consultants in medicine, surgery, obstetrics and specialties.

By this scheme the Medical Doctorate would become academically the highest of the Doctorates.

Motion made and seconded that a committee of five be appointed by the Chair to take the matter under consideration, and report to the Congress of States next year. Carried.

Dr. Sutherland made Chairman of the Committee —with the privilege of selecting his own associates.

Adjourned.

Thursday, 9 A. M.

Called to order by the President.

Communications

Homeopathic candidates who are graduates of approved colleges can be admitted to examination of Canada Medical Council, on presentation to the Registrar, Dr. R. W. Powell, 180 Cooper St., Ottawa, of a certificate of eligibility to take the examination of any one of the Provinces in the Dominion. Apply to Dr. E. M. Morgan, Montreal, Que., Registrar Homeopathic Board of Quebec. The charge for such certificate should be nominal. If obtained from Ontario Province, it would be $50.00. A licentiate of The Canada Medical Council is eligible to practice his profession in any Province in the Dominion, but whichever Province he decides to settle in will require an additional registration fee of anywhere from $40.00 to $100.00, according to the Province selected.

Further details can be obtained from the Registrar, Dr. Powell.

Chas. E. Jarvis,
London, Canada.

June 12, 1918.

The New Jersey State Homeopathic Medical Society at its last meeting, held May 30th and 31st and June 1st, 1918, voted unani-

mously to invite the American Institute of Homeopathy to meet at Asbury Park, N. J., in 1919.

C. H. Church, Secretary.

June 14, 1918.

Dr. T. E. Costain, Sec.-Treas.:

The Monmouth County Homeopathic Medical Society most cordially invites the American Institute of Homeopathy to meet in Asbury Park, N. J., next year, and will do all in our power to assist in any arrangements which may need to be made. Fraternally yours,

Joseph Ackerman, Sec.

Portland, Ore., June 19, 1918.

Dr. Sarah M. Hobson, Sec.:

Greetings to the officers, seniors and members. A successful meeting. Dr. Byron E. Miller.

London, June 20, 1918.

President, American Institute of Homeopathy:

British colleagues warmly reciprocate fraternal greetings. Best wishes. British Homeopathic Society, Weir.

President Lee: If there are no objections the Secretary will answer these communications. It is so ordered.

We are ready for the report from the Board of Censors.

Dr. Johnston: We reported on Tuesday 81 names, which have been posted. I move that these applicants be elected to membership in the Institute.

Seconded by Dr. Le Seur. Carried.

Dr. Johnston: I have an additional list of 22 applications which will be posted today.

Committee on the Revision of Richard Hughes' "Principles and Practice of Medicine"

Mr. President: Members of the Institute:

Your Committee on the Revision of Richard Hughes' "Principles and Practice of Medicine" has been unable to do any work on the task assigned it,—and under the circumstances begs to have the task transferred to other hands.

John P. Sutherland, Chairman.

Accepted and filed.

Report of Committee on Amendments Proposed in 1917

Your committee respectfully recommends that Amendment to "Art. II, Section 8" be adopted.

In regard to Amendment to "Art. III, Section 2," your committee is of the opinion that the admission to membership is adequately safeguarded by Art. III and its various sections and clauses, provided the same be followed in their expressed and implied intent by the officers to whom they apply, and, therefore, reports as not favoring the proposed addition.

Amendment to "Art. IV, Section 1," is recommended for adoption.

Amendment to "Art. X, Section 4," is recommended for adoption.

Amendments to "Art. X, Section 8," and "Art. X, New Section," involve so radical a change from accustomed methods that your committee refers them without recommendation and without prejudice to the serious consideration of the Institute in business session assembled.

Respectfully submitted,

W. B. Hinsdale,
Jos. P. Cobb,
Claude A. Burrett.

Dr. Hobson: Mr. President, I move that this report be received and filed, and the amendments voted upon seriatim.

Seconded. Carried.

President Lee: The Secretary will read the amendments seriatim.

Art. II. Section 8

The Secretary-Treasurer shall have charge of all funds of the American Institute of Homeopathy and shall be authorized to pay bills approved by a member of the Executive Committee. A member of the Executive Committee shall act for the Secretary-Treasurer in case of disability.

Dr. Hobson: Mr. President, I move that this amendment be adopted. Seconded by Dr. Ward.

President Lee: You have heard the motion made and seconded. Are there any remarks?

Dr. Sutherland: This simply calls for the action of one member. The present rule is to have the three members.

Dr. Hobson: We have no present rule, that is why this amendment is necessary. It was a question whether we should require that all bills be O. K'd by the three members, one living in New York, who might be absent, one in Marion, and one in Chicago. It has been our custom to send all bills to the Chairman of the Executive Committee.

President Lee: Are you ready for the question. All in favor of adopting this amendment signify by saying "aye." Contrary by the same sign. Carried.

Art. III. Section 2

Amend by adding to Section 2:

It shall be the duty of the Chairman of the Board of Censors to investigate the standing of all candidates, new members, or former members making application to be reinstated. He shall write to the President and Secretary of the State Society in which the applicant is registered, or to which he is eligible, to secure further endorsement of the candidates.

On motion of Dr. Le Seur, seconded by Dr. Sutherland, the recommendation of the committee "not favoring the proposition" was unanimously adopted and the amendment was lost.

Art. IV. Section 1

Amend this section to read:

Section 1. Applicants for membership in the Institute shall present to the Board of Censors:

(a) A certificate signed by three members of the Institute, one

of whom has personal acquaintance with the applicant, which certificate shall show that the applicant has pursued a course of medical studies according to or equal to the requirements of the existing institutions of this country; that he is eligible for membership in the state society of the state in which he resides; that he sustains a good moral character and professional standing and is legally qualified to practice medicine in the state where he resides;

(b) Annual subscription to the JOURNAL OF THE AMERICAN INSTITUTE OF HOMEOPATHY.

No person shall be considered a member until he has paid the annual dues and JOURNAL subscription.

Dr. Hobson: Article IV, Section 1, cannot be carried because of Post Office regulations, which demand that we do not include subscription to the JOURNAL with membership. Am I right, Dr. Horner?

Dr. Horner: Absolutely. The Post Office department demands that subscriptions to a journal be voluntary. A person may or may not take the JOURNAL.

Dr. Hobson: I move, Mr. President, that Article IV, Section 1, remain as at present in our By-Laws.

Dr. Le Seur: Seconded.

President Lee: You have heard the motion made and seconded. Ar there any remarks?

Dr. Sutherland: I would like to ask if any one knows why this is so? One of the best journals in the country, the National Geographical Society, goes out as a sort of certificate of membership, and yet we cannot send out our JOURNAL. It is a curious thing.

Dr. Horner: Mr. Chairman, I was in the office of the Third Assistant Postmaster in Washington five or six years ago, and asked him that question. He said that was a matter "not under consideration now."

President Lee: Are you ready for the question? All in favor of the motion as made by Dr. Hobson signify by saying "aye." Contrary by the same sign.

Motion carried.

Art. X. Section 4

Amend by inserting as the first sentence in this paragraph:

The time allotted to a bureau paper shall be limited to twenty minutes, unless otherwise ordered by unanimous vote of the Bureau.

Dr. Hobson: The recommendation of the committee is for adoption. I move that this amendment be adopted.

Dr. Hooker: Seconded. Carried.

Art. X. Section 8

Amend by striking our this section and inserting the following:

The nominations for officers shall be in the hands of the Secretary of the Institute before the first day of February preceding the date of the annual session of the Institute. Any member of the Institute meeting the requirements of Article I of the By-Laws, and who has the endorsement of fifty members of the Institute shall be considered

a nominee. No nominations shall be considered after the first day of February preceding the annual session. If no nomination papers are handed in it shall be the duty of the Board of Trustees to see that at least one paper shall be presented to the Secretary for each of the elective offices.

At least sixty (60) days before the date of the annual session of the Institute the Secretary shall prepare a ballot on which shall be printed the names of all the nominees for all the offices of the Institute and shall mail a copy to every member of the Institute. Accompanying the ballot shall be three envelopes designated I, II and III, the first to receive the vote of the member for offices, the second the vote of the member upon questions of policy and the third for the purpose of returning the votes of the members to the Secretary. Upon envelope No. III the member shall write his name and address. Envelope number III, including envelopes numbers I and II, must be in the hands of the Secretary fifteen days before the first day of the annual session.

The Secretary of the Institute, together with two members appointed by the Board of Trustees, shall constitute a committee whose duty it shall be to canvass the votes and present the result to the President of the Institute before 10:00 a. m. of the first day of the annual business session.

Dr. Hobson: "The recommendation of the committee is that Article X, Section 8, involves so radical a change from accustomed methods that your committee refers it without recommendation and without prejudice to the serious consideration of the Institute in business assembled."

Moved by Dr. Hooker that the amendment be adopted, that he might "have the privilege of voting 'no' and to bring the thing to a focus."

The motion was seconded. After a discussion by Drs. Runnels, Dieffenbach, Le Seur, Cobb, Royal, Hooker, Sutherland, Martin, Horner, Hanks and Hobson, the motion was lost by a rising vote.

Art. X. New Section

Amend by adding:

The Trustees shall prepare and cause to be distributed to the Institute Membership a brief statement of the qualifications of all the candidates for office, including especially the candidates' connection with the Institute as to date of election to membership, attendance at meetings and work done therefor, as well as the candidates' connection with other medical societies, with hospitals and with civic, industrial and other institutions and organizations, the official and educational positions filled by them, their contributions to medical literature and such other information as shall enable the members of the Institute to vote intelligently and discriminatingly.

All other Rules and By-Laws inconsistent with this section shall be and hereby are made inoperative.

Dr. Hobson: "The recommendation of your committee is that Article X, New Section, involves so radical a change from accustomed methods, that your committee refers it without

recommendation and without prejudice to the serious consideration of the Institute in business session assembled."

President Lee: What is your pleasure in regard to this?

Dr. Runnels: I move that it be laid on the table. Seconded. Carried.

Report of the Committee on State Examining Boards and Legislation

Mr. President: At the request of Chairman Le Fevre, I beg to submit to you and the Institute the following brief report:

Instead of attempting to collaborate any data concerning the medical laws of the several states, or of collecting information concerning the organization of their examining boards, all of which matter can be secured at the headquarters either of our Institute, or of the National Federation of State Boards, your committee has attempted to secure the co-operation of the various homeopathic members in forming an organization for mutual benefit and for the welfare of our school. Each individual member on an examining board has his own ideas of management which are dictated largely by local conditions. The elaboration and collaboration of these ideas in a central meeting helps us in coming to a general understanding as to the needs in common to us all and helps us to formulate plans which will work in harmony with each board and in harmony with the great principles of our school.

To this end, it seemed wise to attempt the formation of an auxiliary organization to the A. I. H., at the meeting held last year in Rochester. Accordingly an organization was effected by electing a president, a secretary and a treasurer. These officers, with the aid of others, formulated a program for a meeting which was held at the Congress Hotel, Chicago, February 2, 1918. This preceded the annual sessions of the Federation of State Boards and of the College Alliance. A special letter from the president, followed by other literature, was sent to each Homeopathic Board member, urging him to attend this meeting and lend his aid in the project. The meeting was well attended by board members and by other interested persons and was most enthusiastic in its desire to continue the project. In keeping with this desire a program was formulated for the present meeting of the A. I. H.

This organization aims to apply practically the spasmodic efforts formerly put forth in legal lines by a few enthusiastic leaders. The free expression of opinions brings us to a clearer conception of our own ideas and those of our associates, whether they be of our own or any other school of practice. The strength and wisdom which come from united effort, we think, fully justify not only the formation of this, our new organization, but also its fostering and its propagation by the Institute.

I move, therefore, Mr. President, that we recognize the organization entitled The Association of Homeopathic Members of Examining and Licensing Boards as an auxiliary organization of the A. I. H., and ask the trustees of the Institute to lend the services of its organization toward propagating the same. Respectfully submitted,

June 19, 1918. **I. D. Metzger.**

Report accepted and ordered filed.

On motion of Dr. Metzger, seconded by Dr. Hooker,

ordered that the organization, The Association of Homeopathic Members of Examining and Licensing Boards be recognized as an auxiliary organization of the A. I. H., and that the trustees of the Institute lend to the work of this new organization the services of its organization.

On motion of Dr. W. B. Hinsdale, the routine business of the Institute was suspended to receive Major Franklin Martin of the General Medical Board of the Council of National Defense.

President Lee: Ladies and gentlemen, it affords me great pleasure to present to you Major Franklin Martin. He has many duties on hand. We all recognize him as the leader of the American College of Surgeons, and as Chairman of the General Medical Board of the National Council of Defense. He is a man of exceptional parts, and I am sure we shall all be pleased to receive the message which he has for us.

Major Franklin Martin deplored any complacency in relation to our war status and responsibility. He advocated efficiency morning, noon and night. His specific presentation was the work of the General Medical Board authorized by the Council of National Defense, and its specific relation to the Medical Reserve Corps and the Volunteer Medical Service Corps.

[The most recent official communications on these two subjects are published elsewhere in this issue.—Editor.]

President Lee: Friday evening at 8 o'clock, Major Martin invites all the doctors and their wives to attend a meeting at the Chamber of Commerce, at which Major Martin, Sir Arbuthnot Lane, Sir James McKenzie and Major Jump will speak. We will express to Major Martin our appreciation of his gracious courtesy to us by a rising vote.

Resolutions

Dr. Horner: Your committee wishes to report on the following resolution:

Resolved, that we deplore the action of committee in changing without notice the printed program of the evening sessions of the Institute, and direct that this practice be discontinued.

The committee presents this resolution with the full understanding that it is not absolutely mandatory, but it simply cautions the authorities of the Institute against any unnecessary change made in the program as already announced. Your committee recommends the adoption of this resolution.

Dr. Wolcott: Seconded.

President Lee: You have heard the recommendation to adopt this resolution. Are there any remarks?

Dr. Wood: Do not pass that resolution. It would be the greatest possible mistake. An emergency like that of this morning will show just why it would be unwise. It would make it utterly impossible for us to inject into our program such a change as we had here this morning in our business

meeting. During war, and at all times, do not let us pass that resolution.

President Lee: Are you ready for the question? Those in favor signify by saying "aye." Contrary by the same sign.

Motion lost.

Dr. Horner: The chairman of a committee from the Obstetrical Society has presented to me a communication from that Society, and your committee is going to take the liberty of presenting this communication to the Institute, with a motion for its adoption.

The Obstetrical Society of the American Institute of Homeopathy, being keenly mindful not only of the patriotism of the thousands of men who are now, or soon will be, engaged in this great war, but also of the fact that a considerable portion of them have left wives and families with but scant and really insufficient means of support, particularly at a time when proper medical care, owing to approaching confinement, will be essential; and fully realizing that the morale of our troops, both at home and abroad should be carefully fostered and augmented, desire to acquaint the United States Government with their willingness to aid the Government in the promulgation of any plan that may be adopted for facilitating proper obstetrical care of the wives of our soldiers and sailors; and in furtherance thereof have passed the following resolution, which it desires to present to the American Institute of Homeopathy:

Resolution

Be it resolved that the members of the Obstetrical Society of the American Institute of Homeopathy, offer their services to the wife of any soldier or sailor of the ranks, who is dependent upon his salary for her maintenance during pregnancy and confinement, and when possible will furnish her with hospital care and attention.

Dr. Horner: I move you the adoption of this resolution.

Dr. Hooker: Seconded. Motion carried.

Announcements

Dr. Southwick: The Surgical and Gynecological Association will open its meeting in Room A, immediately at the close of this session.

Dr. Hinsdale: The program of the Bureau of Materia Medica consisted of 14 papers. Eleven of the papers were presented as published in the program.

Dr. Cora Smith King: The National Society of Physical Therapeutics met according to schedule, for the afternoons of Tuesday and Wednesday, June 18 and 19, four hours each day, a total of eight hours; out of 26 papers scheduled, 16 were read entire, and 5 more read by title. Essayists were kept within the 20 minute limit, and each person discussing a paper, 5 minutes. The section was well attended and finished on time.

Report of Press Committee

[Read by Dr. Martin]

Mr. President and Members of the American Institute:—

The Press Committee beg leave to submit the following report:

As in past years your chairman has endeavored to awaken the

interests of the essayists, the bureau chairmen and the presidents of the sectional societies to the importance of proper legitimate press publicity. Journal notices, circular and personal communications have brought responses which show increased interest each year.

In 1915 your chairman received 25 advance copies of papers. In 1916, 30 copies. In 1917, 35 copies, while this year 1918, 41 advance copies of papers were collected. These copies have been abstracted, releases arranged so that the stories will appear in the editions of the local papers shortly after the papers have been presented at the meetings. Duplicate abstracts are also in the hands of the Associated Press, International News and United Press Services for telegraphic distribution throughout the country. The great war, foremost in the minds of all, furnishing an abundance of news, consumes the first two to three pages of the daily papers and it is most difficult to get prominent headlines, but we feel encouraged by the fact that many of our articles this year touch upon war conditions which makes them of particular interest to the public, and we have been led to believe that the press, through our influential press representative will give us the best possible.

The services of Mr. Fred T. Grenell, a well known publicity man of Detroit, have been obtained for the period of the meeting.

Press Headquarters will be found in Parlor C on the Convention floor. Those who have not already delivered their papers to the press chairman are urgently requested to leave same at the press room.

Reporters will wear press badges and have entree to all sessions. Kindly give them interviews if requested.

Attached will be found bill of expense for the year.

Respectfully submitted,

Scott Parsons,
Chairman Press Committee.

St. Louis, Mo., June 15, 1918.

Report received and filed. Bills referred to the Executive Committee.

Announcements

Dr. LeSeur: The Bureau of Sanitary Science will convene immediately on the adjournment of business.

Dr. Sprague: The program as outlined will be followed as closely as possible. During the session we are going to show a film, "Fit to Fight." This is an illustration in picture form showing the means the Government takes to instruct soldiers in the prevention of venereal disease and infection, and the general care of the health. I am sure it will be very interesting, and I hope there will be a large attendance. Furthermore, we would like to have comments on that film to send to the Surgeon General's office at his request.

The Secretary: A communication from Dr. Charles E. Walton, Secretary of the Senate of Seniors, announces Horace S. Hutchins, Batavia, N. Y., Honorary President.

Report on Recommendations of the President's Address

To the American Institute of Homeopathy:

Your committee appointed in accordance with the recommendations contained in the President's Address would submit the following report:

We recommend the establishment of a fund to be known as The American Foundation for Medical Research, Education and War Reconstruction. Said Foundation to be administered by fifteen trustees selected as follows:

One member to be appointed by each of our medical colleges, and the remainder to be elected by the trustees of The American Institute of Homeopathy.

The purpose of this Foundation shall be:

(1) To institute intensive financial campaign in the U. S., to raise funds for our colleges and hospitals, and to conduct scientific medical research.

(2) To increase the student body of our medical colleges.

(3) To provide for the training of additional nurses.

(4) To meet other medical exigencies arising out of the present war.

Respectfully submitted,

John M. Lee, Chairman,
Edwin H. Wolcott, Secretary,
Eugene L. Mann,
John P. Sutherland,
Ralph Mellon.

On motion of Dr. Hooker, duly seconded, ordered to adopt this resolution.

Adjourned to Friday morning.

Friday, 9 A. M.

Called to order by the President.

President Lee: The Secretary has a communication.

Dr. Hobson: A communication received from Dr. George B. Peck: "Governor Beekman has appointed Dr. Budlong a member of the State Board of Health in place of Dr. John H. Bennett, recently deceased."

Report of Board of Censors

Dr. Johnston: Twenty-two names were posted yesterday, and have been passed by the Censors.

I move that these people be elected to membership.

Dr. Walton: Seconded.

Motion carried.

Dr. Johnston: Mr. President, up to the present time the Censors have passed upon, and there have been elected, 214 members for this year. We have six names held over for information or graduation. [List published on page 346 seq.]

Report of Council on Medical Education

Mr. President, Members of the Institute: I present my report this year with a mingled feeling of satisfaction and sorrow. This is my

eleventh annual report. I presume it is due to the war atmosphere, but I do not think I have ever presented a report that covers so much hard work, so much strife, so much difficulty, and perhaps so much misunderstanding, and yet with all a large degree of satisfaction.

The first item is in regard to Inspection of Colleges. The Colleges were inspected this year more thoroughly than ever before. The results were published in the JOURNAL, reprints put into pamphlets, and these pamphlets sent to the Colleges, to the State Boards, to the Secretary and President of the State Boards, and pretty generally distributed. The reports, of course, you have seen.

Second, comes the Federation. The only work of the Federation we participated in was making out the required form for taking the steps. The work was afterwards turned over to District Managers, and we were relieved of further Federation work this year, for which we were truly grateful.

And then comes Recognition of our Colleges by State Boards. This we considered the most important task the Council has had to do. You will probably remember that we told you a year ago that with one exception (and that College had been held up) all of our Colleges were in the accredited list of the Federation of State Boards. One of our Colleges, the Women's College of New York, although the promise was made that it should go in with the others, was "held up," to use a common expression, for further inspection by the Committee on Inspection of the Federation. We began early in the year with this work, because there were several of our Colleges that were still denied recognition by State Boards not members of the Federation. Some of our Colleges were not recognized in as many as 28 States. We went to work with all the parties interested who could grant us this recognition, and more especially with this Committee of the Federation of State Boards. Correspondence was begun as soon as we left the meeting last year, and it was continued until our mid-winter medical meeting in Chicago, when the matter was presented before that committee. In the evening we were promised that the College should be placed on the accredited list, as we were promised a year ago last February. In the morning we were told, however, that there was going to be a dissenting vote. The matter was taken up in the Federation itself, and probably one of the warmest discussions we have had in that Federation in years took place, due to the very skillful handling of the subject by the Dean of that College. Ultimately it was decided that we postpone action, the Federation agreeing to this, until this College could be inspected by the gentleman who objected, viz., Dr. Baldy of Pennsylvania. Dr. Baldy made this inspection and was more than pleased with the result, as he wrote me, and as he expressed it to others. This College was placed on the recognized list of the Federation of Boards, making the entire eight Colleges on that list.

The significance of this act I want you to bear in mind. We had a feeling that in the final analysis, when our Colleges would come up for recognition at Washington in the Surgeon-General's office, that the statement of the Federation of State Boards would have great weight. For this reason we were so anxious to secure recognition,

and I have been assured since I have been here by the Chief of Staff in the Surgeon-General's office, that those colleges which stand fifty-plus before the Federation of Boards would be "well recognized Colleges" in the Surgeon-General's office. This result has given the council much satisfaction. Some of you perhaps do not know, but we educators do know what this result means. For instance, if we were in a College that was not recognized by the Surgeon-General's office, and we had twenty "Medical Enlisted Reserve" men, the Government could come in and say, as it has the right to say, to these 20 M. E. R. C. men, "You go over to another College."

Now because of the recommendation which I am to present a little later I want to follow up this work with State Boards. For the past four years the Women's College of New York has been doing some magnificent work in building up that institution. All concerned seem to have been working together. The amount of money expended, and the amount of labor put into it, enabled us to present to the Federation the report which we did.

More than that, the Chairman of this Committee of the Federation was a most efficient man, and we felt sure that when he looked this College over, and saw their laboratories, their building, their clinical facilities,—saw everything that was being done, the magnificent library, we felt sure the College would get recognition, and it did.

I got my letter from Dr. Baldy saying the College was recognized sometime in March. In April came a report that there was trouble in the New York College. I commenced getting telegrams and letters about the 1st of June—between the 28th of May and the 2d of June, they came flowing in, to the effect that for some reason (the reasons to be given later) the College was closed. There is where the *sorrow* comes in. The work with the Federation of State Boards, I think, has been a success.

There is another matter that is worthy of note, and that is, we are to have an exhibit at the Smithsonian Institute. The Secretary has taken the matter up with the Custodian, and has the promise of space in the Smithsonian Institute for an exhibit for the American Institute of Homeopathy. We have consulted such men as Carl Hering, and he has promised us a large collection of his father's material for exhibit. Carmichael, Walton, and a number of others have also promised us assistance. We have now the material, and as soon as his vacation is over the Secretary will look after the placing of it in the Smithsonian.

A little more in regard to what we have done in connection with the Surgeon-General's office. As I said before, this is a year when the war spirit dominates everything. I was awakened one morning by a telephone message to the effect that there was a night letter from the Surgeon-General's office and two or three others. When I received the telegram I found that a gentleman, having the title of "Captain" in the Surgeon-General's office, had sent letters to certain Colleges that certain information (if I am not right Dr. Copeland will correct me) should be sent to the Dearborn Street office and there only.

I at once wired Dr. C. E. Sawyer, Chairman of our Executive Com-

mittee. This gentleman in his usual vigorous way got hold of the men who have been doing things all through the war. He happened to be at Washington and was at breakfast when he was reached. I think he left his breakfast and went directly to the Surgeon-General's office, where he asked an explanation and received the statement from the Surgeon-General that he, the Surgeon-General, knew nothing about it. He then went to the committee composed of Drs. Martin, Welch, Mayo and Vaughan. The Surgeon-General took our Executive over to the committee's room. They knew nothing about it. We wrote a letter to Captain Waite protesting against this order to send all information to Dearborn Street. More than that they were informed that the data which they wanted could be had in our Secretary's office; that we felt the material should all be in one place, but we insisted upon it that that one place be the Surgeon-General's office, and not the Dearborn Street office. I heard nothing from that letter for some time. It was written on the 15th of April. On the 15th of May I again offered the Council's assistance and co-operation, as had been expressed in the Institute, and asked for an immediate reply. I got it under the date of the 16th of May—not from Captain Waite, though from the Surgeon-General's office—from Colonel Arnold, saying that there was a misunderstanding which would be cleared up and giving us a cordial invitation to participate in any work intending to win the war. An invitation was also received from the Surgeon-General's office to the effect that the meeting of Deans, which had then been postponed, would be held in Chicago June 11th, in which meeting your Council was asked to participate. Through your Chairman this body was represented and received most courteous treatment. We have had that also to be thankful for.

Now as to the colleges,—and here again is where the war spirit has played havoc. The atmosphere has seemed to be especially charged here. In the first place there came orders that the colleges should be conducted from the Surgeon-General's office. Very soon the heads of different departments in our colleges were taken, and, not satisfied with that, the deans were told in so many words that the colleges must be run by old men, cripples and women; and we were also told that we must not deterioriate one bit in the product that we put out. They went farther than that. They recognized the women, and had control over them as they had over the other professors, and would not even give us the choice of the women. They dictated what we should have, and took the best we had in women and men, and left us the cripples. Now that is one of the things that the colleges have had to contend with,—not only that, but the unrest, the uneasiness of spirit among the students. They all wanted to go to the front. Labor with them as best you could, it made no difference. Away went the students.

Now then, we want to make the following report as to the number of students. This is not final, as one College has not sent in its official report:

Freshmen during the past year, 149; Sophomores, 117; Juniors, 132; Seniors, 151; Special, 51; Total number, 580. Number of graduates, 138.

This shows quite an increase in graduates over last year.

Of our students, we have over 60% in the Medical Enlisted Reserve Corps, so you will see that our students have done their part and have expressed the same spirit that the rest have expressed in doing their bit.

So much for our report. We have as a result of all this some recommendations for this body to act upon. We never before made a recommendation asking immediate action, but do this year.

The first is that the American Institute make every effort to reorganize the Women's College of New York, and assist that Institution to a permanent and prosperous career.

Second, that we respectfully petition the authorities of the New York Homeopathic College and Flower Hospital, and the Hahnemann College of Phialdelphia, to open their doors to women, and that they make these institutions co-educational, thereby putting all nine of our colleges on a level in this respect. .

George Royal, Chairman.

On motion of Dr. Wood, seconded by Dr. Ward, ordered that the report be accepted.

Dr. Royal: I would move, Mr. President, the adoption of the recommendation to the Institute, that the American Institute of Homeopathy make every effort to reorganize the Women's College of New York, and assist the Institution to a permanent and prosperous career.

Dr. Florence Ward: Seconded.

After discussion by Drs. Dieffenbach, Royal, Sawyer, Wood, Copeland and Carmichael, this motion was carried and the two following petitions ordered passed and forwarded to the respective Colleges:

1. We respectfully petition the New York Homeopathic Medical College and Flower Hospital to make their institution co-educational.

2. We respectfully petition the Hahnemann Medical College of Philadelphia to make their institution co-educational.

Report of the College Alliance

The College Alliance held its annual meeting in Chicago at the Congress Hotel on Sunday, February 3d, and Monday, February 4th, 1918. There were present at each meeting the Dean and at least one other representative of each Homeopathic College.

The meeting on Sunday was held in conjunction with the Committee of Homeopathic Members of Examining and Licensing Boards.

I am directed to report that after careful consideration, the Alliance recommended first the adoption by Institute the schedule of minimum requirements of the Federation of State Examining and Licensing Boards, as published in their *Bulletin*, pages 39 to 43, issues of May, 1917, with other slight changes inserted, for the purpose of clarifying certain sections and for the purpose of more accurate statements; second, that they appointed Dr. G. M. Cushing as our representative on the Federation of State Examining and Licensing Boards.

I am further directed to report the officers elected for 1918:

President.....Joseph P. Cobb

Vice President.....Wm. A. Pearson
Second Vice President.....Claude A. Burrett
Secretary-Treasurer.....Cornelia C. Brant

The Alliance has held two meetings during this session of the Institute at one or both of which there were present the Dean and one other delegate from each College except the California State University. At the first meeting held Monday, June 17th, twelve o'clock, in this hotel, Brig.-Gen. Noble, Chief of Staff of the Surgeon-General's office presented to the Alliance the plans of the Surgeon-General's office for the conduct and safeguarding of the Medical College and for the protection of the medical and of the pre-medical students.

The plans were discussed at some length and pursuant to General Noble's request that we submit our own suggestion with reference to the commissioning of members of the teaching staff, I am directed by the Alliance to present to you for your approval the following resolutions, to-wit:

Whereas, The Government of the United States, recognizing the lamentable effects of discontinuing the medical schools in Great Britain and France, has called upon the American Colleges to maintain their institutions, and to turn out a steady stream of competent medical graduates; and

Whereas, The teaching of medicine is as much a patriotic duty as active service in the Army and Navy, and this Alliance is anxious to co-operate with the government in every possible way; and

Whereas, The public may misunderstand the spirit of sacrifice that imbues the teacher to put aside the privilege of active participation in this war for liberty; therefore be it

Resolved, That we petition the authorities in Washington to conserve our faculties and to leave for this vital service the men essential to the successful maintenance of the colleges; and be it

Resolved, That we ask the Surgeon-General of the Army and others in authority to recognize this service by permitting the teachers of every medical college to wear a button or other insignia indicating the sort of service being rendered by the wearer.

The Alliance regret to announce that they are informed that we have lost one more Homeopathic Medical College. The New York Medical College and Hospital for Women after 55 years of existence has been closed by its board of trustees.

Respectfully submitted,

Jos. P. Cobb,
President College Alliance.

Dr. Cobb: Mr. President, we have two recommendations—one in regard to the schedule, which has been gone over line by line, and word for word. Some slight changes have been made to make it definite. It has been presented to the State Federation of State Licensing and Examining Boards, and has been adopted by the College Alliance as a standard for requirements by all schools. Second, the recommendations which we wish to present to the Surgeon-General's office.

Following discussion by Drs. Dieffenbach, Cobb, Hooker, Hobson, Carmichael, Royal, ordered to adopt the report.

Report of the Institute of Drug Proving

Provings have been conducted during the past year, some of which are not completed at the time of this meeting.

Dr. H. P. Gillingham of the New York Medical College and Hospital for Women deserves special mention and praise for the thorough work done in the proving of the drug selected by the Trustees. Special examinations were conducted by trained men and women in the departments of Physical Examinations, Blood Analysis, Eye, Ear, Nose and Throat, Urinary findings, Dietary supervision and Examinations of Test Solutions. It is the best work that has come to the Trustees to date. The number of provers was six.

The proving including charts will be published in the near future.

Financial Statement

American Institute of Drug Proving

Balance on hand June 20, 1917	$642.19	
Interest on bank deposit	2.08	
Interest on Reading bonds	120.00	
		$764.27
Disbursements—		
Premiums on bond of secretary-treasurer	$ 25.00	
Drug proving "Thyroidin" (including stenographic work)	200.00	
Typewriting of copies of rules for drug proving	12.00	
		237.00
Balance in treasury, July 1, 1918		$527.27

Also three Reading bonds, 4%, par value $1,000 each.

R. F. Rabe, M. D., Secretary.
W. A. Dewey, Chairman pro tem.

Report of the Committee on Conference with the Eclectic Medical Association

Dr. FitzPatrick: This committee has nothing of consequence to report. We recommend that this committee be discontinued because other committees are covering the work.

Ordered discontinued.

Resolutions

The following resolutions presented by Dr. Horner were unanimously carried:

Drug Supply

Whereas, The United States Government has commissioned as officers in the Medical Reserve Corps of the Army some 1,200 physicians of the Homeopathic School of Medicine, and are asking that this number be increased, and whereas the physicians have been trained and accustomed to use the drugs of this school of medicine in the treatment of disease, and, whereas we believe the efficiency of the aforementioned physicians, and the benefits to our soldiers will be materially increased by having available for the use of these medical officers, espe-

cially in the hospitals, a supply of the drugs which they are accustomed to use in their practice;

Therefore, be it resolved, by the American Institute of Homeopathy, now assembled in its 74th Session in the City of Detroit, that we request the Medical Department of the Army to add to its drug supply, and have available for the use of all officers of the Medical Reserve Corps who so desire, such drugs as may be requisitioned by these commissioned officers, subject to the rules and regulations of the Department.

Resolutions of Thanks

The American Institute of Homeopathy wishes to place itself on record as fully appreciative of the extraordinary efforts of its President, John M. Lee, M. D., believing that the establishing of the American Foundation for Medical Research, Education and War Reconstruction which has come about through his untiring zeal means a largely increased field of strength for the Homeopathic School of Medicine. Upon the fruition of the plans formed by him will depend largely the continued increase of the number of its adherents.

It is a pleasure to record also our appreciation of the courtesy and justness shown by him while presiding over the deliberations of the Institute during the sessions which are now about to end. We extend to him our warmest felicitations.

Local Committee

To the Local Committee of Arrangements, Dr. R. Milton Richards, Chairman, we extend our thanks for accommodations and care which has seldom if ever been equaled in the history of the Institute. They all were most complete and effective. No detail escaped attention. All their plans for the accommodation of the various bodies were complete and satisfactory with none of the confusion which prevents efficiency.

Hotel Statler

The Hotel management certainly contributed largely to the success of the sessions by devoting this entire floor with its numerous rooms and halls to our use and refraining from the use of any part of it for other purposes. We extend to these gentlemen our most sincere thanks.

Daily Press

To the newspapers which have covered our meetings we desire to extend our thanks. Their reports have been as full as could be expected when the abnormal demand for space is considered. We appreciate also the publicity given by them before the opening of the sessions. This has without doubt contributed to increasing the number in attendance.

On motion of Dr. Wolcott, seconded by Dr. Wood, a rising vote of appreciation was given the Recording Secretary for faithful and efficient service during the term of office which ends September 26th.

On motion of Dr. Sawyer, seconded by Dr. Hooker, a telegram was ordered sent the Secretary-Treasurer, Dr. Costain,

in appreciation of his extraordinarily effective work for the Institute.

Dr. Horner: On behalf of the Board of Trustees I would say that the work of organizing the American Federation for Research, etc., is progressing. We desire to give formal notice that in order to carry out the plans we desire to add a by-law to the already existing by-laws, and that this will be formulated and published in the JOURNAL in a very short time. We are giving this notice in order that we may have it acted upon at the next year's session.

Dr. Carmichael: If there is nothing else before us, Mr. President, I would like to make this announcement. Our friend, Dr. Guernsey, of Philadelphia, told me that he had determined to turn over to the school a painting of Hahnemann by a famous artist. The doctor was making some changes in his house, and wished to transfer the picture to a safe and permanent place. He wished me to take the matter up. He had spoken to Dr. Dewey. We had a meeting at his house. At first we thought the picture could be placed in the Smithsonian Institute but that does not take pictures. We have very good prospects of its being accepted by the Corcoran Art Gallery. If we succeed there will be three points of interest for homeopaths in Washington: the Monument, the exhibit at the Smithsonian, and the picture at the Corcoran Art Gallery.

President Lee: Any further announcements?

Dr. King: The Society of Physical Therapeutics wishes to announce that the Demonstration of the Use of Diathermy which was postponed, will be given in Room A, after this session.

Dr. Copeland: Mr. President, all of us Methodists feel it would not be right to close a session of this sort without taking up a collection. Yesterday there came to some of us, including Dr. Lee and some of the members of the board of trustees, a young graduate of the University of Michigan, who has been called to the colors, and has been ordered to report next week. This man, by reason of bereavement and financial troubles, is absolutely unable to provide himself for the equipment necessary to go into camp. Now this is a very worthy cause. This young man is willing to give his life, if need be, and it seems we ought in this room to be able to raise money enough to provide for the uniform. I will start it with ten dollars.

[Dr. Copeland and Dr. Horner took up the collection.]

President Lee: Dr. Wood desires to say a few words before we adjourn.

Dr. Wood: I simply have a supplementary report of the Committee of the American College of Surgeons. We are to nominate three members for the Board of Governors. The names of the men whose terms expire this year are Drs. Chislett, Packard, and Kahlke. Only two out of three nominations

made will be selected. Your Committee would recommend Drs. FitzPatrick and Kahlke of Chicago, and G. Forrest Martin of Lowell, Mass.

Dr. Cobb: I move that this Institute endorse the recommendation. Seconded. Motion carried.

President Lee: Our first vice-president who stands so prominent in surgery has an announcement.

Dr. Florence Ward: Just a brief announcement in regard to one of the activities of the Institute, the Hospital Unit that the women of the Institute are working for as our part of War Service. We wish to report progress. We have received $25,000 already, and have prospects of doubling and trebbling that in the near future. In an informal talk with General Noble he sanctions our war activities, saying the need will come for our services later. He endorses our activities and efforts in that direction. This is simply a report of the part of the work of the women of the Institute.

President Lee: We have passed resolutions thanking the Local Committee for their splendid work. Their entertainment has been delightful, our trip to Detroit has been profitable, and we feel that we want to say to them that they have out-done themselves, and that every one of us is profoundly thankful.

We have raised $135.50 for a volunteer in the Reserve Corps. I would suggest that this money be turned over to the treasurer, and that he send the check of the Institute to this young man, that he consider this as a loan from the American Institute, in order to save his self-respect, and when the time comes he may turn the money back to the Institute. In this way you are giving to the cause of patriotism, and also ultimately to the Institute.

Dr. Cobb: The Executive Committee recommends that if there is a difference between the amount of money on the table, and the check signed by the Chairman, that such amount be charged to the American Institute of Homeopathy.

Dr. Wolcott: Seconded.

Dr. Wood: I shall vote for that motion, but I want to say that it is just for such emergencies as this that the Cuyahoga Medical Relief Association is organized.

Motion carried.

Dr. Hobson: The Chairman of the Executive Committee has signed a check for $200. If Dr. Copeland will write in the name of the student the check will go to the young man with this gift from the American Institute.

Dr. Southwick: The Bureau of Surgery and Gynecology will convene in this room as soon as this session closes.

Dr. Lee: There will be a meeting of the board of trustees immediately after this session.

Adjourned sine die.

Sarah M. Hobson,
Recording Secretary.

NEW MEMBERS—1917-1918—A. I. H.

Elected to Active Membership

Abdelkarim, Amin Y. (C. P. 1914), 530 Erie Bldg., Cleveland, Ohio.
Ahrens, Adolph H. (Chic. 1910), 1032 Lowry Bldg., St. Paul, Minn.
Alderson, Vernon G. (Pac. 1918), San Francisco Hosp., San Francisco, Cal.
Babcock, Harold L. (B. U. 1910), 535 Beacon St., Boston, Mass.
Babcock, Myra E. (Det. 1910), 163 Merrick Ave., Detroit, Mich.
Baker, Lyman E. (Cleve. 1895), Mechanicsburg, Ohio.
Baker, Waldo Z. (Ohio 1918), 214 W. Rayen Ave., Youngstown, Ohio.
Battles, Melvin L. (Cleve. 1904), Norwalk, Ohio.
Baxter, Earl H. (Ohio 1918), R. R. 4, Mt. Vernon, Ohio.
Bayliff, John E. (Cin. Pul. 1887), 48 Oak St., Uniopolis, Ohio.
Berr, Alfred H. (Cleve. 1903), 3771 W. 25th St., Cleveland, Ohio.
Bierman, Irvin M. (Den. 1908), 3129 W. Colfax St., Denver, Colo.
Bissell, Fred C. (Cleve. 1899), 324 S. Main St., Akron, O.
Blackledge, Theron L. (Cleve. 1901), 1221 3rd Ave., New Brighton, Pa.
Blosser, John R. (K. C. 1911), 2010 Welton St., Denver, Colo.
Boericke, Garth W. (Mich. 1918), Galen Bldg., San Francisco, Cal.
Bohn, Daniel (Phil. 1894), 1208 7th Ave., Altoona, Pa.
Brisbine, John C. (Cleve. 1905), Alexander Bk. Bldg., Monongahela, Pa.
Broadnax, Mary E. (N. Y. W. 1905), 79 Clinton Ave., Newark, N. J.
Bruce, Susan E. (Chic. Hom. 1880), Adams Block, Lewiston, Idaho.
Bryan, Joseph T. (Cin. Pul. 1883), Atherton Bldg., Louisville, Ky.
Callister, F. Eleanor (Det. 1912), 148 Troup St., Rochester N. Y.
Carpenter, Claire H. (Chic. 1918), 209 E. Mason St., Cadillac, Mich.
Castro, Carlos Mde (N. Y. F. 1918), 14 Colomer St., San Juan, Porto Rico.
Closz, Harold F. (Mich. 1917), 918 First St., Webster City, Iowa.
Cole, Charles E. (Ia. Ecl. 1893), 218 Truax Block, Superior, Wis.
Cole, William W. (Cleve. 1890), 53 Main St., Silver Creek, N. Y.
Collins, Albert H. (Cin. Ecl.), R. R. 6, Box 28, Tulsa, Okla.
Condon, J. Harry (N. Y. F. 1916), 229 Stanley St., Montreal, Que., Can.
Cooper, Maurice D. (Minn. 1907), Winnebago, Minn.
Coss, Walter L. (Phil. 1899), 1109 3rd Ave., New Brighton, Pa.
Crew, Deon A. (Pac. 1918), Upland, Cal.
Crismore, William E. (Cin. Pul. 1895), 1003 Napolean St., Fremont, Ohio.
Danforth, James C. (Mich. 1914), 2609 Jefferson Ave. E., Detroit, Mich.
Davies, Thomas F. (N. Y. F. 1898), Floral Park, N. Y.
Davis, William E. (N. Y. F. 1918), 118 W. 139th St., New York, N. Y.
Dick, Louis C. (Chic. 1909), Spencer, So. Dak.
Dill, John W. (Mich. 1879), 28 N. Main St., Franklin, Ind.
Dobson, Gertrude (Her. 1909), Quincy, Mich.
Donaldson, John W. (Cleve. 1901), 216 Putnam St., Marietta, Ohio.
Downer, Mary A. (Chic. 1902), 749 Lowry Bldg., St. Paul, Minn.
Dunlop, William R. (Phil. 1918), Minersville, Pa.
Dyment, Philip (Mo. 1891), Gen. Del., Pasadena, Cal.
Ebenstein, Simon H. (N. Y. F. 1918), 170 E 103rd St., New York, N. Y.
Eby, John C. (Phil. 1918), 2530 N. Charles St., Baltimore, Md.
Ellis, J. W. (Chic. 1895), Elk Point, So. Dak.
Ely, Nina M. (Her. 1900), 209 Shearer Blk., Bay City, Mich.
Enos, Joseph W. (Chic. 1881), 110 N. Wabash Ave., Chicago, Ill.
Erskine, Anna J. (Cleve. Univ. 1894), 224 N. 4th St., Steubenville, Ohio.
Ford, Geo. A. (Det. 1912), 413 Stevens Bldg., Detroit, Mich.
Forrest, Fletcher B. (Sou. Hom. 1904), 336 Main St., Bellwood, Pa.
Fowler, Hudson D. (Cleve. 1903), 15224 Plato Ave. N. E., Cleveland, Ohio.
Frey, Harry (Chic. 1918), 1616 28th St., Rock Island, Ill.

Gans, Morris (Ohio 1918), 9606 Adams Ave., Cleveland, Ohio.
Gaston, John Campbell (Phil. 1907), 1310 7th Ave., Beaver Falls, Pa.
Gerls, Frank B. (Mich. 1912), 8 Pythian Bldg., Pontiac, Mich.
Glaeser, William E. (Pac. 1918), 2782 Harrison St., San Francisco, Cal.
Gleason, John R. (Cleve. 1889), Medina, Ohio.
Goodside, Isaac O. (N. Y. F. 1918), 232 E. 116th St., New York, N. Y.
Gotoff, Arnold I. (N. Y. F. 1918), 343 S. 4th St., Brooklyn, N. Y.
Green, William A. (Chic. Hom. 1901), 520 Third St., Wausau, Wis.
Griffith, Hurwood W. (Pac. 1918), 22nd and Potrero St., San Francisco, Cal.
Gronow, Adolph A. (Det. 1911), 1910 Gratiot Ave., Detroit, Mich.
Hartman, W. Louis (Chic. 1887), J. Henry Smith Bldg., Detroit, Mich.
Harvey, Austin I. (Phil. 1878), 304 Center St., Bangor, Me.
Hassler, Frank (Chic. 1885), 224 Broadway Market Bldg., Detroit, Mich.
Hayward, John A. (B. U. 1906), 612 Congress St., Portland, Me.
Haywood, George M. (Mo. 1881), 408 Donaldson Bldg., Minneapolis, Minn.
Herrick, Edward L. (Cleve. Univ. 1885), Cor. Elizabeth St. and Howland Ave., Kenosha, Wis.
Hertzog, Lucy S. (Cleve. 1891), Chardon, O.
Hodge, Scott (Mich. 1900), 1661 3rd St., Detroit, Mich.
House, Fredrick C. (Cleve. 1901), 1717 Woodward Ave., Detroit, Mich.
Howland, Frank A. (Mich. 1917), 138 S. Main St., Adrian, Mich.
Ibershoff, Adolph E. (Mich. 1903), 610 Rose Bldg., Cleveland, Ohio.
Jacaruso, Joseph (N. Y. F. 1918), 36 Skillman Ave., Brooklyn, N. Y.
Jiroch, Ralph S. (Chic. Hom. 1904), 426 S. Park St., Saginaw, Mich.
Johnson, J. A. William (Mich. 1917), Baroda, Mich.
Kelly, James W. (Cleve. 1882), Bellville, Ohio.
Kistler, C. Harold (Phil. 1918), Swarthmore, Pa.
Klopfenstein, Walter A. (Chic. Hom. 1899), 148 Eason Ave., Highland Park, Mich.
Koontz, Edwin J. (Cleve. Univ. 1896), 156 Main St., Wadsworth, O.
Kovinski, Abraham (N. Y. F. 1917), 515 E. 91st St., Brooklyn, N. Y.
Krepelka, George E. (Iowa 1918), 1009 Church St., Iowa City, Ia.
Krych, Felix J. (Atl. 1909), 285 Main Ave., Kingston, Pa.
Lang, William P. (Phil. 1901), 1223 Chapel St., New Haven, Conn.
Lathbury, Vincent T. (B. U. 1904), 85 Stone St., Augusta, Me.
Laughlin, Thomas L. (Phil. 1899), 531 W. River St., Dayton, O.
Laul, John E. (N. Y. F. 1918), Chicago St. and Lewis Ave., Elmhurst, N. Y.
Lawton, Clare V. (Iowa 1918), Britt, Iowa.
Lessinger, Samuel (N. Y. F. 1918), 1364 Washington Ave., Bronx, N. Y.
Levine, Abraham (N. Y. F. 1918), 187 Powell St., Brooklyn, N. Y.
Linn, George F. (Ohio 1918), University Hospital, Columbus, O.
Macaluso, Anthony (B. U. 1918), 93 Norfolk St., Dorchester, Boston, Mass.
Mandracchia, John L. (Phil. 1918), 2836 W. 23rd St., Coney Island, N. Y.
Mausner, Samuel (N. Y. F. 1918), 279 E. Houston St., New York, N. Y.
May, Wayne H. (Minn. 1907), 408 Donaldson Bldg., Minneapolis, Minn.
McCormick, Ida E. (Cin. Pul. 1900), 1370 Burdette Ave., Cincinnati, O.
McDonough, Arthur W. (Chic. 1910), 3001 Vine St., Denver, Colo.
McGarrah, Olin K. (Phil. 1895), 825 8th Ave., Altoona, Pa.
Merkel, George A. (Phil. 1904), 465 Sunbury St., Minersville, Pa.
Miller, William C. (Chic. Hom. 1891), Main St., Independence, Ia.
Mills, Caroline A. (Iowa 1895), Lyman, Wyo.
Mills, Evan C. (Pac. 1918), 341 Corbett Ave., San Francisco, Cal.
Morin, John B. (Det. 1908), 2463 W. Grand Blvd., Detroit, Mich.
Morley, Charles S. (Cleve. 1876), 307 Merrick Ave., Detroit, Mich.
Mundin, Percy C. (N. Y. F. 1918), 542 Mercer St., Jersey City, N. J.
Munson, Henry O. (Chic. 1890), Rushville, Ill.
Murphy, John (Chic. 1878), Loretto, Pa.
Murphy, Simon W. (Chic. 1909), 362 Park Ave., Kenosha, Wis.
Murray, Elisabeth (Cleve. 1891), 2043 E. 71st St., Cleveland, O.
Neff, Oscar S. (Chic. 1895), Flagler, Colo.

Nesbitt, Robert H. T. (Chic. 1896), 202 Gillette Ave., Waukegan, Ill.
Noe, Peter Jr. (N. Y. F. 1918), Katonah, N. Y.
Ormsby, William B. (Phil. 1896), 1640 N. Clark St., Chicago, Ill.
Parker, William I. (Chic. 1881), Lamont, Iowa.
Pendexter, Ralph S. (Phil. 1918), Main St., South Meriden, Conn.
Petterson, Herman C. (Chic. 1916), Dorchester, Mass.
Piotrowski, Joseph F. (Ohio 1918), Homeopathic Hosp., Pittsburgh, Pa.
Plummer, Harry R. (Phil. 1911), 1204 6th Ave., Beaver Falls, Pa.
Poe, George A. (Ohio 1918), 6900 Franklin Ave., Cleveland, O.
Pollia, Joseph A. (Pac. 1918), 3801 Sacramento St., San Francisco, Cal.
Prentice, Raymond L. (Phil. 1908), 1910 Gratiot Ave., Detroit, Mich.
Purcell, Ernest F. (Phil. 1918), 1000 S. Broad St., Trenton, N. J.
Quay, George H., Jr. (Ohio 1918),15620 Euclid Ave., Cleveland, O.
Raymer, William (Cleve. 1878), 1305 5th Ave., Beaver Falls, Pa.
Reid, John L. (K. C. 1908), Blackwell, Okla.
Richman, Alfred A. (N. Y. F. 1914), 907 St. Marks Ave., Brooklyn, N. Y.
Riddles, Paul W. (Phil. 1910), 533 Locust St., Johnstown, Pa.
Roasberry, Maurice E. (Cleve. 1904), New London, Ohio.
Roberts, Norman (Phil. 1918), 4837 Hazel Ave., Philadelphia, Pa.
Robinson, Emily L. (Cleve. 1889), 2046 E. 102d St., Cleveland, O.
Robinson, Martin B (Mich 1914), 1898 Jos. Campau, Detroit, Mich.
Robinson, William H. (Det. 1912), 415 Stevens Bldg., Detroit, Mich.
Roseff, Isaac (N. Y. F. 1918), 358 Powell St., Brooklyn, N. Y.
Rosen, Sanford E. (Ohio 1918), 1800 E. 105th St., Cleveland, O.
Roth, J. LeRoy (Phil. 1918), Swarthmore, Pa.
Sammons, Leslie C. (Mo. 1899), Shelbyville, Ind.
Sanderson, Harry H. (Phil. 1900), 523 Locust St., Johnstown, Pa.
Sanford, Margaret M. (B. U. 1898), 1300 Massachusetts Ave., Arlington, Mass.
Saul, Charles D. (Phil. 1901), 8408 Germantown Ave., Philadelphia, Pa.
Saylor, Parry D. (N. Y. F. 1903), Wellington, Radlett, Herts, England.
Scheib, Alvin P. (Chic. 1908), Hitchcock, S. D.
Senseman, Mary I. (Chic. 1916), Elgin State Hosp., Elgin, Ill.
Shereshevsky, Harry (N. Y. F. 1918), 21 Walker St., New York, N. Y.
Skeer, Jacob (N. Y. F. 1918), 104 15th St., Brooklyn, N. Y.
Skinner, Morton R. (Phil. 1898), 12 Church St., LeRoy, N. Y.
Smith, Vine L. (Sag. Val. 1898), 412 Gladwin Bldg., Detroit, Mich.
Spear, Harry I. (Ohio 1918), Peninsular, Ohio.
Spear, J. Leslie (Pac. 1918), 749 Slater St., Santa Rosa, Cal.
Spooner, Sarah C. (Chic. 1897), 813 Fourth Ave., Detroit, Mich.
Stall, Guy B. (Det. 1904), 515 Lawndale Ave., Detroit, Mich.
Stedman, Earl B. (N. Y. F. 1912), Attica, N. Y.
Stillman, Irwin M. (N. Y. F. 1918), 250 Linden St., Brooklyn, N. Y.
Stimpson, Robert A. (Det. 1907), 402 Washington Arcade, Detroit, Mich.
Stober, George W. (Ohio 1918), University Hosp., Columbus, Ohio.
Sunzeri, Anthony T. (Pac. 1918), 586 Orchard St., San Jose, Cal.
Swan, Clara J. (Iowa 1887), Chardon, Ohio.
Tiffany, George L. (Ga. Ecl. 1891), Birch Run, Mich.
Treat, Lillian A. (N. Y. W. 1916), 47 Franklin St., Auburn, N. Y.
Tuthill, Charles W. (Phil. 1918), Waymart, Pa.
Tuttle, Louis N. (Mich. 1884), 66 W. 8th St., Holland, Mich.
Tyler, William I. (Mich. 1889), 303 Sycamore St., Niles, Mich.
Ulbrich, Henry L. (Det. M. & S. 1908), 630 McDougall Ave., Detroit, Mich.
Van Gilluwe, Geo. H. (N. Y. F. 1918), 419 E. 57th St., New York, N. Y.
Voorhees, Florence E. (N. Y. W. 1901), 79 Clinton Ave., Newark, N. J.
Waite, Herbert C. (Cleve. 1898), 1272 N. High St., Columbus, O.
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Webb, H. Doyle (Phil. 1918), Montgomery, Pa.
Webster, Frederick A. (B. U. 1903), 23 Hale St., Beverly, Mass.
Wesner, Claude J. (Phil. 1907), 639 Franklin St., Johnstown, Pa.

Wesner, Louis A. (Phil. 1910), 407 Franklin St., Johnstown, Pa.
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Wheat, Dora (S. W. 1909), 1152 S. Second St., Louisville, Ky.
Whigam, Emmett B. (Cleve. 1895), 30 Mull Ave., Akron, Ohio.
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Williams, Walton H. (Cleve. 1905), Castell Bldg., Middletown, O.
Wilson, Sylvia M. (B. U. 1893), 3015 14th St., Washington, D. C.
Wolfram, William H. (Ohio 1918), 2 15th Ave., Columbus, O.
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Zapf, Clyde F. (Phil. 1918), 2532 Aspen St., Philadelphia, Pa.
Zimmerman, Amelia (Chic. 1904), Pennoyer Sanitarium, Kenosha, Wis.

Key to Colleges

Atl.	Atlanta Medical College of Eclectic Med.
B. U.	Boston University School of Medicine.
Chic.	Hahnemann, of Chicago
Chic. Hom.	Chicago Homeopathic
Cin. Ecl.	Eclectic Medical Institute, Cincinnati
Cin. Pul.	Pulte Medical College of Cincinnati
Cleve.	Cleveland Homeopathic Medical College
C. P.	Cleveland Pulte Medical College
Cleve. Univ.	University of Med. and Surg., Cleveland.
Den.	Denver Homeopathic Medical College
Det.	Detroit Homeopathic College.
Det. M. & S.	Detroit College of Medicine and Surgery
Dun.	Dunham Medical College, Chicago
Ga. Ecl.	Georgia College of Eclectic Med. & Surg., Atlanta
Her.	Hering of Chicago.
Iowa	College Homeo Med., University of Iowa.
Ia. Ecl.	Iowa Eclectic Medical College
K. C.	Hahn. Med. Coll. of Kansas City Univ.
Mich.	Homeopathic Med. Coll., Univ. of Michigan.
Minn.	College of Homeo. Med., Univ. of Minnesota.
Mo.	Homeopathic Medical College of Missouri.
N. Y. F.	N. Y. Homeo. Med. Coll. and Flower Hosp.
N. Y. W.	N. Y. Med. Coll. and Hospital for Women.
Ohio	Ohio State University College Homeo. Med.
Pac.	Hahnemann Medical College of the Pacific.
Phil.	Hahnemann Medical College of Philadelphia.
Sag. Val.	Saginaw Valley Med. Coll., Saginaw, Mich.
Sou. Hom.	Southern Homeopathic of Baltimore.
S. W.	Southwestern Homeopathic, Louisville

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CONFERENCE OF MEDICAL SCHOOLS, JUNE 11, 1918: BRIEF COMMENT FROM PAPERS AND DISCUSSION

Opening address, Col. Wm. H. Welch.

Educational Considerations. Dr. Charles R. Mann: Recommended correlation of all technical students and enlistment furlough from the Student Army Training Corps. Asked for opinion on furlough for essential teachers, as for skilled chemists, machinists, etc.

Medical Schools. Lieut.-Col. Horace D. Arnold: Purpose not to use arbitrarily the power vested in the Surgeon General's office, hence this conference. Many (not all from the poorer schools) are found wanting, hence the problem of maintaining standards of education. Speed up as much as can be done without sacrifice, hence the problem of summer work, i. e., continuous sessions. If necessary eliminate from the top, not from the essential basis. Discriminate between "well-recognized" as used in the Surgeon General's office and "recognized" as used by local boards where the responsibility rests upon the community to furnish its quota in the draft.

Medical Teachers. Col. Victor C. Vaughan: Health boards are quite as important as medical schools. Public Health Service should be *federalized* and *militarized* for the period of the war. Surgeon General to assume this responsibility. North Carolina and Kansas now co-operating in this fashion on state public health and military sanitation.

The Navy. Admiral E. R. Stitt: Imperative necessity of the Navy is flexibility of temperament. Compare men under 32 with those 35 to 40. Saving of time by taking medical graduates without hospital internship and inducting such directly into military hospitals. Five hundred such came in last year and have made good. Comparison of men who have had a preliminary college work and who have not. The former invariably stand up better.

Afternoon Session

Dr. Ray L. Wilbur, President Leland Stanford: The trained brain will win the war. The fate of the world is in the hands of the college boy and girl. A strong plea for the home guard and maintaining high standards.

Dr. Samuel W. Lambert, Dean, Columbia University P. and S.: Dissents on giving commission of First Lieutenant to all medical teach-

ers. The medical student should not specialize in war surgery. Any speeding up must depend upon cutting down vacation time. The degree should be withheld until the end of the hospital year. In Columbia about one-third received scholarships. Proposed cadetship for medical students, such as obtains at West Point, which would guarantee a reasonable living stipend, e. g., $60.00 a month; student to be under orders from the Government. Comment on conflicting advices from the different bureaus in the Surgeon General's office.

Dr. J. W. Williams, Dean, Johns Hopkins: Plea for a reasonable adjustment between medical schools and the Government. Speeding up not recommended in Baltimore on account of climatic factor. Would substitute summer experience in Army camp.

Dr. John M. Dodson, Dean, Rush, University of Chicago: 1. The Student, —extend reserve to premedical years; 2. Faculty, conservation of teaching force; 50% now are restless in the desire for enlistment; 3. Control of intern year by the medical college; 4. Speeding up should be by substituting base hospital for civil hospital. Leading medical schools should be made a part of Army service. Possibilities at University of Chicago for speeding up important because of quarterly courses.

Dr. Wm. S. Carter, Dean, University of Texas: Quarterly sessions not practicable in Texas. Can speed up by continuous periods, October to June, June to March, March to December, December to October. The self-supporting student manages to continue. Standards are not lowered. Conditions are removed during following term. Greatest emphasis on essential teachers. Problem of the Ph. D.'s teaching fundamental subjects. Necessity of propaganda to secure premedical students.

[Before calling Dr. Royal, Lieut.-Col. Arnold, in behalf of the Surgeon General's office, formally recognized the national society, the American Institute of Homeopathy and its service in contributing a large number of medical reserve officers.]

Dr. George Royal, Dean, Iowa University, and Secretary Council on Medical Education, A. I. H.: Over 1,000 homeopathic graduates enlisted in the M. O. R. C. 40% enlisted from the student body, and 50% of 1918 graduates. Referred to prediction several years ago, that if standards are increased too rapidly the number of physicians will be insufficient to the demand, the age of graduates will be too high and the cults will multiply. Recommended that each college be recognized and utilized for its specialty; made a plea that the rights of the individual as well as of the college should be recognized; made formal proffer of all our colleges and our national body to the Surgeon General.

[Before introducing State Licensing Boards, Lieut.-Col. Arnold made the statement relative to the recommendation that medical students secure internship in military hospitals, that although permission had been secured, the present drive makes the camps too busy to take care of students.]

State Licensing Boards

Dr. Walter L. Bierring, Iowa: State Boards get authority from the state and their ideals are of necessity lower than those of the educator. We test the product of the present system of training by

the state board examination. There is padding of curriculum, as disclosed by the practical examination in our boards and the examination of the National Board of Examiners.

Mr. August S. Downing, New York: First business is to win the war. But we must not make the mistake of having half-baked physicians after the war. Must consider medical education from the standpoint of the profession and the public. Skill in diagnosis is imperative. The student in the second year premedical should be exempt from draft. Absolutely no substitutes. The course should extend over four calendar years, including one hospital year. Speeding up could be obtained by periods, October to June, June to March, March to December, December to October. The Surgeon General's office and Advisory Committee should name the schools which can safely speed up. Of the nine in New York State, not more than four or five could do so. The game must be played fair.

Dr. John M. Baldy, Pennsylvania: Prime consideration is the best thing for the Army and the civilian population. No big business was ever built up over night. Too much speeding up may be disastrous. Low grade schools are a menace. Will fight any such.

Sixty-seven colleges were represented and seventy-six individuals registered.

Synopsis of recommendations on medical education by the Advisory Committee on Medical Schools and Standing Committee on Medical Education of the Medical Department of the Army:

That only such medical schools enter upon continuous sessions as are amply equipped with teachers, laboratory facilities and clinical material.

That preference in matriculation be given to candidates who are already enlisted in the Medical Reserve Corps.

That well recognized medical schools enforce as a minimum requirement for admission, two years of college work, including courses in physics, chemistry and biology.

That faculty members eligible for commissions, but retained as necessary to the teaching force be commissioned.

That such officers be assigned to duty in medical schools with periods of service long enough to provide for the efficient teaching of the medical students and, where feasible, alternate in active duty between service with the troops and teaching in medical schools.

That all students, members of the Medical Enlisted Reserve Corps and the commissioned members of the faculty, be required to wear uniforms.

That at least one competent man be retained in the medical colleges in addition to the head of the department.

That problems of war be given special consideration in teaching courses.

That research work be continued.

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The Judge Advocate General has recently issued instructions to all department and division judge advocates in reference to furnishing legal advice and assistance to officers and men at cantonments. The following is an extract from these instructions:

"Either he (the division judge advocate) or his assistant is required to furnish legal advice and assistance to officers and men of the division in the disposition and settlement of their private affairs, and to perform for them such services as the drafting of wills, powers of attorney, and other legal instruments. This fact should be made known to the officers and men of the command."

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[Continued on page 24]

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Cavenee, Ebert L.
Charleston—Greer, C. E.
Starr, Norman S., Ft. Benjamin Harrison, Indianapolis.
Chicago—Amerson, Geo. C., Major.
Anderson, August, U. S. N.
Beveridge, T. F., Camp Shelby, Miss.
Boone, Jesse F., Camp Bowie, Ft. Worth, Tex.
Clark, Peter S., Ft. Riley.
Cliver, P. M., Capt.
Colebaugh, C. W., in France.
Conrad, Arthur C., Camp Pike, Little Rock, Ark.
Cornell, John W., Asst. Surg., Camp Funston, Kan.
Downes, A. W. K. Inactive.
Earngey, Willard P., in France.
Farmer, F. C., Hoboken, N. J.
Fisher, Hart E., Capt., Camp Funston, Kans.
Glaubitz, B. J. W., U. S. N.
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[Continued on page 26]

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Jared, Vernon M., Camp Funston, Kan.
Kahlke, C. E., Major, Camp Custer, Mich.
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Knoll, Robt. F., Mt. Clemens, Mich.
Knox, Sherman S., Capt., Camp Grant, Rockford, Ill.
LaForge, A. W., U. S. N.
Lowry, Nelson H., Orthopedic Surgeon, Camp Logan, Tex.
Marlay, Myron G., U. S. N., Newport, R. I.
MacCracken, W. P., Capt., Camp Devens, Mass.
McDermott, J. J., Ft. Oglethorpe, Ga.
Merrell, H. H., Capt., Ft. Oglethorpe.
Miller, H. C.
Miller, Theodore E., Capt., in France.
Mitchell, Joseph R.
Moulton, Ellis V., Camp Funston, Kan.
Moulton, Eugene A., Capt. Inactive.
Ogden, Arthur W.
Ramsey, B. L.
Rice, Fred T., Capt., Camp Greene, N. C.
Roblee, Lawrence H., Capt., in France.
Roblee, Leonard F.
Rupert, Wm. H., Ft. Benj. Harrison.
Sachteleben, W. L., Camp Dix, Wrightstown, N. J.
Sarma, P. J., Ft. Oglethorpe.
Smith, F. A.
Thurlow, Ralph M., Reg.-Surg., Artillery, Camp Funston, Kan.
Vander Bogart, H. E., B. H. 48.
Webb, J. H., Ft. Warren, Boston Coast Defense.
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THAT CASE OF CHRONIC INDIGESTION

will often show marked improvement after a few days' use of Gray's Glycerine Tonic Comp. (Formula by Dr. John P. Gray). Gray's Tonic is not a digestant, but it will help the weakened or tired stomach to do its own work.

Examine the Following Percentages:

Proteids — Dried beef, 39%; round steak, 27%; blue fish, 26%; roast mutton, 25%; cream cheese, 25%; dried peas, 24%.

Carbohydrates — Gingerbread, 63%; dried peas, 62%; white bread, 56%; brown bread, 47%; potatoes, 20%.

Fat—Butter, 85%; ham fat, 52%; cream cheese, 33%; canned sardines, 19%; canned salmon, 12%.

Minerals—Dried beef, 11%; sardines, 5%; salmon, 2%; cream cheese, 3%; butter, 3%.

Calories, Fuel value per pound—Butter, 3605; smoked ham fat, 2485; ginger bread, 1670; lamb chops, 1665; dried peas, 1665.

Keep your digestion at 100%.

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Further similar reports warrant us in urging our many Dionol friends to thoroughly test this treatment the coming hay fever season.

Dionol Tubes all have nasal tips, and are both convenient and economical for the purpose, retailing at 50c each.

Dionol has also proven especially effective in rose colds, ozena, coryza and catarrh. We suggest that you have a supply immediately available for such uses. Dionol is never exploited to the public. All labels are detachable.

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Supplies permit an allowance for the household of two pounds monthly per person. We cannot in honor compel Europe to do with less while we take more for ourselves.

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The success of this program rests on the honor and co-operation of the American people.

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Myers, H. E. Inactive.
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Cedar Rapids—Cogswell, Charles H., Jr., Major, Camp Dick, Texas.
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West Union—Whitmore, Frank B.
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Pretty Prairie—Springer, Ralph W.
Topeka—Lerrigo, Chas. H.
Williams, Frank, Capt.
Wichita—Mitchell, Walton I., Ft. Riley.
Logsdon, Ronald.

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Hopkinsville—Miller, O. F.
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Smith, Orrin L., Capt., Camp Shelby, Miss.
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Paducah—Pulliam, S. B., Capt., Camp Jos. E. Johnston, Jacksonville, Fla.

LOUISIANA

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McDonald, Chas. D.
Oram, J. C., Garden City, L. I.
O'Sullivan, Timothy J., U. S. N., Camp Sevier, Greenville, S. C.

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Dally, W. P.
Dew, William.
Linthicum, J. S.
Mall, F. P.
Shorb, M. W.
Stansbury, H. H., Ft. Oglethorpe, Ga.
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Stauffer, Ralph S., Camp Meade, Md.
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Kensington—Shorkley, T. M., Capt., Syracuse, N. Y.

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We must not only feed our Soldiers at the front but the millions of women & children behind our lines"
Gen John J. Pershing
WASTE NOTHING

BUY LIBERTY BONDS.

ANNOUNCEMENT—PHILLIPS?

Notwithstanding reports to the contrary, the price of Phillips' Milk of Magnesia has *not* been advanced.

Although the cost of crude drugs entering into the manufacture of all the Phillips' products has been increased on account of the war, the prices of Phillips' Pharmaceutical preparations remain as heretofore and no change has been made in size of the packages.

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SHERMAN'S VACCINES

Pollen and the dry dust laden air irritate the respiratory mucus membrane. After this irritation is started, pyogenic organisms normally present find conditions suitable for growth and multiplication with a resulting increased irritation.

The germs usually responsible for this irritation are the streptococcus, pneumococcus, staphylococcus and micrococcus catarrhalis, the same organisms that are responsible for most of our colds. For this reason the same vaccine usually employed in the treatment of colds (Sherman's No. 40) is also successfully employed in the treatment of hay fever.

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Its Utility in the Treatment of

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Despite the fact that Ergoapiol (Smith) exerts a pronounced analgesic and sedative effect upon the entire reproductive system, its use is not attended with the objectionable by-effects associated with anodyne or narcotic drugs.

The invariable certainty, agreeableness and singular promptness with which Ergoapiol (Smith) relieves the several varieties of amenorrhea and dysmenorrhea has earned for it the unqualified endorsement of those members of the profession who have subjected it to exacting clinical tests.

Dosage: Ordinarily, one to two capsules should be administered three or four times a day.

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Among the exhibits of greatest scientific interest at the convention of the American Institute of Homeopathy held at the Statler Hotel, Detroit, Michigan, June 16 to 22, that of the H. K. Mulford Company, showing the progress that has been made in the production of curative serums, bacterins, serobacterins and vaccines, was very important.

The display of Hay Fever Pollen Extracts attracted particular attention on account of the approach of the Fall hay fever season.

Another portion of the exhibit was devoted to a display showing the different steps in the production of Anti-pneumococcic Serum, which is also of great interest at this time owing to the largely extended use of this product in hospitals and army camps and cantonments.

MARYLAND—*Continued*

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Walkersville—Long, Jos. W.

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Boston—Babcock, Harold L., Mineola, L. I.
Blodgett, S. H., Capt., Camp Devens, Ayer, Mass.
Boothby, W. M., Capt., Harvard B. H., in France.
Braff, M. M.
Catheron, Robt. S.
Chadwell, O. R., Capt., B. H. 44, Camp Dix, Wrightstown, N. J.
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Coffin, John L., Camp Lee, Va.
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Hooker, Sanford B., Base Hosp. 44.
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Sewall, C. Wesley, Hoboken, N. J.
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Skirball, Jos. J., B. H. 44, Camp Dix, Wrightstown, N. J.
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Wesselhoeft, Conrad.
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Howard Lake—Moffatt, A. G., Capt., Fort Sheridan, Ill.

*Died February 3, 1918.

Minneapolis—Henry, C. E., U. S. N.
Leavitt, H. H.
Perry, R. St. J., Capt.
Roberts, W. B., U. S. N.
Wilder, Kenneth, Ft. Oglethorpe, Ga.
Minnesota Lake—Bickford, H. G.
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Springfield—Meierding, G. W. A., Ft. Riley.
St. Paul—Twiss, H. L., Camp Zachary Taylor, Louisville, Ky.
Tinah—Doleman, N. F.
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Winona—Schaefer, Sam, Capt., Camp Cody, N. Mex.

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Gammage, Thos. R., Capt., N. G., Art., Camp Doniphan, Okla.
Koogler, J. F., Ft. Riley.
Leonard, A. C., Camp Lewis, American Lake, Wash.
Smith—G. W.
LaBelle—Wilson, Ray E.
Meta—Gaston, Sam E., A. A. Humphreys, Accotink, Va.
Sedalia—Logan, W. F.
St. Louis—Brady, Edw., F., Ft. Riley.
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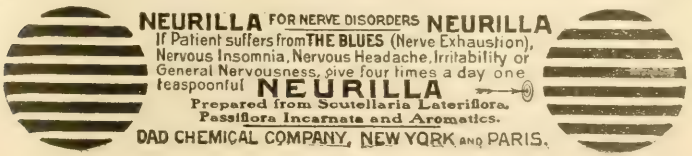
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Homer—Newcomb, C. A., Ft. Benj. Harrison, Ind.
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Gregory, W. S., Norwegian Hosp. Unit.
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Hall, Millard W. In France.
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Helmuth, William Tod, Major, on Recruiting Duty.
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Hoegen, Jos. A., Jr., 102 Infantry, in France.
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Howard, J. Campbell, Base Hosp., No. 51, Camp Wheeler, Ga.
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Jones, L. P., Camp Wadsworth, S. C.
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Lechner, B.
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McKnight, William C., Major, Ft. Slocum, N. Y.
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Norton, George E., Coast Artillery.
Olcott, G. P., Jr., Base Hosp. 48.
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Petit, G. J., U. S. N.
Reed, C. B.
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Shafmeister, J. F.
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Smith, St. Clair, Jr., Capt., Ordnance Corps.
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Wallace, Kenneth B., Camp Wadsworth, S. C.
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Graham, Corden T., Capt., Camp Sheridan, Montgomery, Ala.

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Parker, P., Ft. Oglethorpe, Ga.
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Schobinger, C. G., Bellevue Hosp., New York City.
Weinmann, Jr., J.

Schenectady—Faust, W. P., Capt., B. H. 33.

Seneca Falls—Mickley, H. F.†

Sherburne—Little, Wm. S., Capt., Ft. Riley.

Syracuse—Getman, A. A.
Irish, J. H., Capt., Syracuse Hosp.
Wetherell, F. S.

Tivoli—Sengstack, J. L., Ft. Oglethorpe, Ga.

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Grant, A. R., Major, B. H. 48.
Johns, Miles W., Capt., B. H. 48.
Pender, H. L. Inactive.

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Warwick—Murdock, F. F., Passed Asst. Surg., U. S. N.

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Kennedy, Verner.
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Peake, Francis.

Mercer—Deming, Ralph, Cornell Medical College, New York City.

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Huntley, W. B.
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Ashland—Mohn, D. L., Capt.

Ashtabula—Pardee, A. H., Capt.
Stewart, N. E., A. E. F., in France.

Bellaire—Evans, Forest M.

Bellevue—Horn, Dora L., C. Surg., Ft. Des Moines.

†Died March 16, 1918.

Bluffton—Steiner, J. S.

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Bucyrus—Koch, W. A.
Lingenfelter, C. A., Capt.

Cable—Middleton, A. H.

Cambridge—Wells, H. L.

Centerburg—Phillips, W. O.

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Reed, R. W.
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Biddinger, A. E.
Brainard, A. J.
Cutler, Franklin E.
Fried, Amos E.
George, T. H.
Heym, Jr., Rudolph.
Ibershoff, A. E., Ft. Oglethorpe.
Jasinski, Ignatius E., Presbyterian Hospital, Chicago.
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La Rocco, Chas. G., Camp Lewis, Wash.
Lee, Frank C.
Meek, Jno. A.
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Prill, H. C.
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Thompson, H. S.

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Rohland, W. F.

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Lexington—Stober, Jno. P.

Lima—Buchanan, R. A.

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Mundy, C. S.
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Klemmer, Lemuel.
McKenna, J. M.
Replogle, H. B.
Roudabush, David M.
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Bellevue—McComb, J. Paul, Military Hospital, Shrewsbury, Eng.
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Bloomsburg—Sherman, Henry, Camp Montgomery, Ala.
Yost, C. B.
Braddock—Gardner, A. E.
Bradford—King, John W.
White, B. F.
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Carlisle—Spaugh, H. G.
Carnegie—Cottom, T. I., Ft. Oglethorpe.
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Maloney, Jno. H.
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News, Va.
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Pratt, Chas. I., Camp MacArthur.
Rumsey, C. W.
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Lininger, Carl B.
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Glenside—Bibighaus, J. B.
Greenville—Beitterger, F. O.

*Died January 3, 1918.

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Sankey, Lee M.
Kittanning—Kiser, John K.
Lamoyne—Allen, A.
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Sayres, G. A., Camp Gordon, Ga.
Lansford—Neumuller, Maurice H., Ft. Oglethorpe.
Lawndale—Boggs, Jno. W., Ft. Oglethorpe.
Lewistown—McCoy, Charles M., Ft. Oglethorpe.
Marcus Hook—Barclay, H. B.
Stockton, Harry T., Camp Meade, Md
McKeesport—Conrad, Jos. L.
McKees Rocks—Humes, J., Ft. Oglethorpe.
Meadville—Clawson, Frank A., Hoboken.
Media—Levis, Wm. R., Battleship, Ohio.
Morrisville—Wetmore, S. S. P., Base Hospital, Camp Jackson, Columbia, S. C.
Mt. Pleasant—Dickey, Jno. D.
New Brighton—Pettler, Samuel H., Camp Upton, N. Y.
New Kensington—Goodsell, J. W.
Overbrook—Reading, John H., Jr.
Philadelphia—Abbott, Charles.
Allen, Harry C.
Barthmaier, Frank F., Ft. Oglethorpe.
Barthmaier, Othmar, Ft. Oglethorpe.
Bennett, W. A.
Bert, James B., N. S. Coast Defense, Hoboken.
Bigler, Chas. A., Jr.
Boggs, J. N., Capt., Camp Greene, N. C.
Bowman, Stuart H., Camp Meade, Md.
Bristol, Frank E. (Wayne Jct.)
Clemmer, Leon, U. S. N.
Conley, Harry D., Naval Hosp., Norfolk, Va.
Conrad, G. W. H.*
Copeland, Asa F., Prince of Wales Hosp., London, Eng.
Craig, Earl R.
Criswell, Joseph R., Ft. Oglethorpe.
Doebele, W. A., U. S. N.
Elliott, John D., Capt., Gettysburg, Pa.
Enion, George A.
Ferguson, Donald R., Camp Gordon.
Fischer, Jno. A.
Flanagan, Andrew, in France.
Fox, Charles S.
Fries, Charles J. V., Jr., Asst. Surg. U. S. N., Camp May, N. J.
Fulmer, Chas. L., Capt., Allentown, Pa.
Getelman, Ralph E.
Gregg, A. W.
Haines, Jno. B., Camp Greene, N. C.
Hartley, Arthur, Ft. Oglethorpe.
Hicks, W. Lawrence.
Hill, R. Franklin.
Hollis, Charles B., Ft. Oglethorpe.
Kenworthy, J. Miller, Newport News, Va.
Killen, Ralph D., Paisley Memorial Hosp., Scotland.
Knight, I. W.
Korndoerfer, Aug., Jr., Capt., Camp Custer, Mich.
Lane, Chas. W., Asst. Surg. U. S. N., Buffalo, N. Y.
Lee, Walter E., Capt.
Leopold, Herbert P.
Leopold, Raymond S., H. H. Base Hosp.
Lewis, C. J., Camp Hancock, Ga.
Lynch, William J., Ft. Benj. Harrison.
Macfarlan, Douglas.
Marter, K. E.
Martin, Wm. L., U. S. S. Genl. Grant.
Matlack, Thomas M., Recruiting Service.
McKeever, Wm. H., Ft. Oglethorpe.
McKenna, Jno. J., Capt.
Metzger, H. P., Ft. Oglethorpe, Ga.
Metzger, John L.
Morton, D. J.
Murray, Francis H., in France.
Perkins, W. L.
Peters, F. C., Ft. Oglethorpe.
Reeves, Joseph M.
Rile, Walter.
Roberts, N., U. S. N.
Rowland, Chas. A., Surg., Amer. Hosp., Liverpool.
Ryan, William J.
Saul, Chas. D., B. H. 48.
Seraphin, A. R., Camp Lee, Petersburg, Va.
Shannon, H. M., Ft. Oglethorpe.
Shute, Furman R., Capt., Allentown, Pa.
Smith, Frederick W.
Snyder, Thomas M., Ft. Oglethorpe.
Stedem, Daniel E. L.
Steinhilber, Edw. A.
Sylvis, William M., Camp Hancock, Ga.
Tait, Charles.
Thomas, H.
Tyler, E. A., B. H. 48.
Van DerVeer, W. A., U. S. N.
White, H. K.
Wittman, Paul C., Amer. Exp. Forces, France.
Yale, A. W., Major, Ft. Oglethorpe.
Philipsburg—Marks, S. G.
Pittsburgh—Baer, Geo. F.
Boggess, Wm. B.
Bulford, Wallace.
Calhoun, John C. Inactive.
Cameron, D.
Clark, Edw. P., Capt., B. H. 48.
Edmundson, Thomas P., Base Hosp., No. 2, Entretat, France.
Evans, Russell M., Ft. Oglethorpe.

*Died October 30, 1917.

PENNSYLVANIA—*Continued*

Gordon, James K., Great Lakes Naval Station, Ill.
Hall, S. K., Camp Dix, N. J.
Hamilton, Samuel, Jr., Capt., Gettysburg, Pa.
Harmount, William C.
Kober, Wm. H.
Leslie, Edw. C.
Mateer, H. O.
Perrine, J. K. M., Ft. Oglethorpe.
Pierce, W. I.
Rinehart, Stanley M., Major, Surg. Gen. Office, Washington, D. C.
Rudolph, Myron P., San. Tr., Camp Logan, Tex.
Sharp, J. P.
Shoemaker, George G.
Simpson, Karl S., B. H. 48, Camp Dix, N. J.
Truter, Carl W., in France.
Wallace, Homer D.

Pottstown—Yocum, Charles A.
Pottsville—Boyer, G. H., in France.
Reading—Curry, George R.
Gerhardt, Paul, Ft. Oglethorpe.
Golclency, E. K.
Golding, E. K.
Guns, F.
Hill, Arthur.
Kinsley, William G., Capt.
Knauer, J. Glen, Camp Meade, Md.
Krick, Geo. W., in France.
MacKenzie, A. L.
McDowell, A. S.
Schantz, Henry F., Gen. Hosp. 17, Markleton, Pa.

Roxboro—White, Howard K.
Sayre—Haines, C. N.
Higgins, John.
Schwenksville — Allen, Harry C., Ft. Oglethorpe.
Scranton—Allen, J. V., Jr.
Armstrong, Ralph.
Douglas, James N., Ft. Oglethorpe.
Vail, Howard L.
White, R. V., Capt., B. H. 48.

Sharpsburg—Hall, S. K., Camp Lee, Va.
Smithfield—Campbell, W. R.
Somerton—MacKenzie, A. L., Ft. Oglethorpe.
Southampton—James, Horace E.
Swarthmore—Stockton, Max R., Capt., Allentown, Pa.
Sweet Valley—Jenkins, N. H.
Titusville—Logan, Jas. C., Ft. Oglethorpe.
Tremont—Doyle, Thos. L., Prince of Wales, Hosp., London, Eng.
Turtle Creek—Meley, Edward J.
Uniontown—Bowie, Eleazer R., Capt., B. H. 24, A. E. F., A. P. O. 753.
Wernersville—Massey, F. F.
West Chester—Palmer, Chas. R.
Wilkes-Barre—Murdoch, R. H., Ft. Green, N. C.
Wilkinsburg—Martin, William J.*
Pitcairn, Edw. A., Capt., in France.
Sample, Clyde W., Major, in France.

*Died July 24, 1918.

York—Parker, Brantly F., Ft. Oglethorpe.
Read, H. Malcolm, U. S. Army Cargo Transport Service, Europe.

RHODE ISLAND

Providence—Cunningham, John J.
Lincoln, W. C., Capt.
Whitmarsh, Robt. H., Ft. Ontario, N. Y.
Wilcox, Roswell.

SOUTH DAKOTA

Hitchcock—Scheib, A. P., Ft. Riley.
Rapid City—Bentley, W. S., Major.

TENNESSEE

Chattanooga—Lang, Walter E.

TEXAS

El Paso—Darnall, H. O., Capt.
Ft. Worth—Mitchell, Howard, Camp Dix, N. J.
San Antonio—Darrough, Jno. M., Ft. Sill, Okla.

UTAH

Salt Lake City—Curtis, F. J.

VERMONT

Castleton—Everett, F. H., Camp Hancock, Ga.
Danville—Libbey, Chas. E.
Northfield—Hurley, W. H.
South Woodbury—Hall, G. G.
Washington — Hutchinson, W. O., Ft. Oglethorpe, Ga.
Windsor—Martin, S. S.

VIRGINIA

Norfolk—Boice, H. B., B. H. 51.
Stuart, M. A.
Richmond—Coffman, M. B., in France.
Sherman, H. D., Jr.

WASHINGTON

American Lake—Austin, O. R., Major.
Anacortes—Brooks, Samuel G.
Dayton—Brunjes, Diedrich G.
Wheeler, Macon, Ga.
Keyport—Johnson, Julian P.
LaConner—Greason, C. E.
Peel—Steel, W. E.
Seattle—Beckett, E. E.
Beeler, George W., Capt., Post Hosp., Rockwell Field, San Diego, Cal.
Henby, A. E.
Palmer, Willard G.
Russell, D. G.
Wood, C. B.

Spokane—Farley, Robt. H.
Grove, Chas. E.

WEST VIRGINIA

Sterling—Eltinge, R. L.

WISCONSIN

Chaseburg—Remer, Wm. H.
Chippewa Falls—Wilkowske, C. W., Capt., Camp Upton, L. I.
Fond du Lac—Schlesselman, Geo. H., Ft. Oglethorpe, Ga.
Ft. Atkinson—Clark, Wm. T., Major, Ft. Riley.

WISCONSIN *(Continued)*

Janesville—Clarke, Charles P., **Ft. Riley**, Kans.
Kenosha Adair, J. W., Ft. Oglethorpe, Ga.
Ripley, H. M., Camp Greenleaf.
Madison—Montgomery, R. C.
Mellen—Critchlow, Chas. A., Capt., Inactive.
Oshkosh—Provost, A. J.*
Schneider, John F.

*Died June 7, 1918.

Racine—Browne, Chas. F.
River Falls—Dawson, C. A., Capt., Inactive.
Sheboygan Falls—Nichols, R. M., Capt.
Stevens Point—Walters, Frank A.
Wautoma—Van Derlinde, L. A.
Whitewater—Midgley, A. E., Major.
Winnebago—Rowley, C. C., Annapolis Junct., Md.

CANADA

Montreal—Teahan, Roscoe Wm.

PUBLICATIONS RECEIVED

Report of National Woman's Liberty Loan Committee. For the First and Second Liberty Loan Campaigns, 1917. Treasury Department. The excellent organization of the women of the country for the Liberty Loan Campaigns promises an equally successful drive for the Fourth Campaign which begins September 28th. The women of the country who have sent sons and husbands to the front and the women who are more distantly related to the fighting forces are united under the Chairmanship of Mrs. Wm. G. McAdoo in making the Liberty Loans a success. Mrs. McAdoo has associated with her on the Loan Committee such women as Mrs. Antoinette Funk, Mrs. George Bass, Mrs. Frank A. Vanderlip, Mrs. Kellogg Fairbank, Mrs. Ella Flagg Young.

English, French, Italian Medical Vocabulary. 5,000 medical words in these languages of the Allies have been arranged by the medical publishers, P. Blakiston's Son & Co., for the convenience of war workers. A convenient handbook for 50 cents which should be in every medical war worker's grip.

New England Moral Reform Society. Talitha Cumi Maternity Home and Hospital, 1918. Boston, Mass. The familiar names of Dr. Caroline E. Hastings, Honorary President, Dr. Julia Morton Plummer, Extension Secretary, Dr. Geo. H. Earl, Dr. Eliza B. Cahill, Dr. Conrad Wesselhoeft on the Medical Staff classifies this Maternity Home as under competent supervision by homeopathic physicians. Dr. Plummer has resigned her former position as General Secretary to undertake the wider work of Extension Secretary. The institution shows a budget of $4,000 and merits the endorsement and financial support of the entire New England community.

Homeopathic Medical and Surgical Hospital and Dispensary. Pittsburgh, Pa. For the year ending March 1, 1918. Great things have always been done by the Homeopathic Hospital of Pittsburgh. The past year's work is no exception. Over 4,000 patients were cared for during the year, of whom 2,120 were charity patients. The successful recent drive for this Hospital demonstrated the place which the institution has in the hearts of the community. This year marks the third year's record of social service. Milk has been furnished and courses of instruction to mothers for the preparation of food for their babies. Over 1,000 visits were made and employment secured for a limited number. The death rate out of 4,282 patients is 4.2%. Seventeen members of the staff are now in service. It is this Hospital staff that has suffered in the death of Lieut. Wm. J. Martin. We quote the following from Dr. Johnston's report: "Dr. Perrine Edmundson is head of a department of pathology in Dr. Blake's Hospital in Paris. Drs. Harmount, Pierce and McComb are at the front in France. Dr. Martin is as popular in England as at home. He is working hard in a military hospital just out of London. Dr. Truder is 'somewhere in France,' having captured a captaincy as well as a majoralty.

"The men on this side are also winning laurels for themselves, Dr. Webb Calvin of Huntington, formerly one of our interns, is now a Lieutenant-Colonel; Drs. Hamilton, Sample, Perrine, Armour, Pitcairn and Simpson are Captains; Dr. Calhoun covered himself with glory in performing a brilliant operation while in the Base Hospital of Montgomery, Ala."

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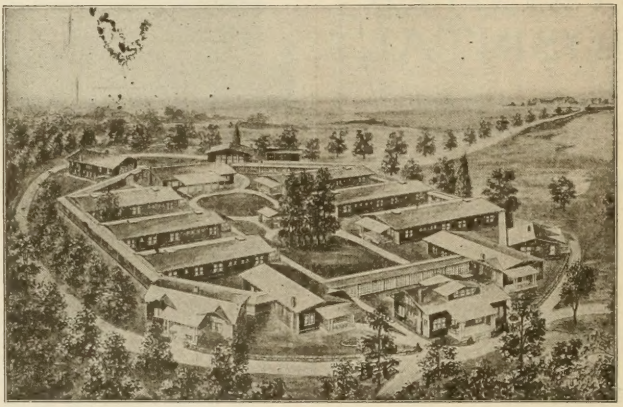

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Cornelia C. Brant, M. D., 19 W. 101st St., New York, Dean.

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John P. Sutherland, M. D., 295 Commonwealth Ave., Boston, Dean.

HOMEOPATHIC MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN.....1875
W. B. Hinsdale, M. D., Ann Arbor, Mich., Dean.

COLLEGE OF HOMEOPATHIC MEDICINE, STATE UNIVERSITY OF IOWA.....1877
George Royal, M. D., Des Moines, Ia., Dean.

COLLEGE OF HOMEOPATHIC MEDICINE OF THE OHIO STATE UNIVERSITY...1914
Claude A. Burrett, M. D., Ohio State University, Columbus, O., Dean.

UNIVERSITY OF CALIFORNIA, DEPARTMENT OF MEDICINE.....1872
Chair of Homeopathic Materia Medica and Applied Therapeutics. 1915.

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